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Medical Lib.

# CALIFORNIA STATE JOURNAL OF MEDICINE



WILL TRY to uphold to the best of my ability the traditions of the past and at the same time maintain an open mind for new things as they may present themselves. I will try in the future as in the past to work for the welfare of the whole profession, to help lighten the burden of the most humble member, to encourage the leaders in every worthy undertaking and to swat in season and out of season those pestiferous uplifters whose principal purpose in life seems to be to pauperize the public. We can never hope to make ourselves felt to the degree we ought to until we will learn to thrash out our differences within our own organization and then abide by the will of the majority. The medical profession is suffering from the same difficulties that our nation has always suffered in its periods of greatest trouble. Medical men as well as other citizens can be divided into three classes: A comparatively large group headed by a few indomitable spirits who work hard for the welfare of the whole, an equally large group who may be termed as slackers, and a comparatively small group for whom we can scarcely find a suitable name; reactionaries, soreheads, Tories, are hardly strong enough terms. The term "traitors" may be a little too strong. However, so long as we have the last two classes in our midst, progress for the medical profession is going to be slow and difficult.—(Edward H. Ochsner, M. D. Address of Acceptance to Presidency of Illinois State Medical Society—Illinois Medical Journal, June, 1923.)

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VOL. XXI

SEPTEMBER, 1923

No. 9

## ORIGINAL ARTICLES

### RESPONSIBILITY FOR STATEMENTS AND CONCLUSIONS IN ORIGINAL ARTICLES

*The author of an article appearing in the JOURNAL is entirely responsible for all statements and conclusions. These may or may not be in harmony with the views of the editorial staff. Furthermore, authors are largely responsible for the language and method of presenting their subjects. All manuscripts will be carefully read, but editorial privileges will be exercised only to a very limited extent. It is believed that the manner of presentation of any subject by any author determines to no small degree the value of his conclusions. Therefore, both the author and the reader, in our opinion, are entitled to have the subject as presented by the author as little disturbed as possible by the editors. However, the right to reduce or reject any article is always reserved.*

### GRADUATE INSTRUCTION FOR PHYSICIANS IN GENERAL PRACTICE \*

By T. C. ROUTLEY, M. D., Toronto, Canada

Mr. Chairman, Ladies, and Gentlemen: To be with you today and to be accorded a place on your program is a privilege and an honor which I highly appreciate. Permit me at the outset to state that I bring you cordial greetings from your brother practitioners in Canada, many of whom will, no doubt, co-mingle with you during the next week. As their representative and advance guard, I must state that the warmth and heartiness of the welcome which has been accorded to me bespeaks for my home colleagues a most kindly and pleasant atmosphere during their sojourn among you.

The subject which I have selected to take up with you is "Graduate Instruction for Physicians in General Practice." As secretary of the Ontario Medical Association for the past five years, and, more recently, having been appointed general secretary of the Canadian Medical Association, it has been both a duty and a pleasure for me to be somewhat intimately associated with the study of this problem.

There is a command which says: "Go ye into

all the world and preach the Gospel." The Gospel which it would be my pleasure to spread is one which would make better doctors for better service. And, after all, what higher calling is there than that which the followers of our noble art enjoy—and to whom is given such privileges and responsibilities as befall the lot of the physicians, especially the family physician, the physician in general practice.

The message, then, that I particularly wish to bring to you, and the thought to which I humbly desire to direct your attention has to deal with one of the greatest problems confronting teachers and practitioners of medicine alike; namely, to repeat, graduate instruction for the men in general practice—or, to put it in other words, "brushing up" at home; or keeping up to date while remaining on the firing-line.

The situation is no doubt one which at some time or other has engaged the attention of each one of you. Without question, it is admitted that the general practitioner must keep abreast the times if he is to render efficient service. But how is he to do it? The logical answer is: by keen observation, reading, contact education among his fellows at scientific meetings, and post-graduate work at the available centers. To this, the busy general practitioner answers: "At the end of a long day I am frequently too tired to read. (His inspiration is not strong enough to combat physical fatigue.) I live very largely in a professional world of my own, working out my problems in my own way. Go away to brush up! There are two outstanding difficulties in the way, namely, I have no one to leave in my place to take care of my people; and, secondly, the cost is too great owing to the fact that all is going out and nothing coming in while I am away; so I don't go away to post-graduate, with the result that the years come and go, finding me just a little further behind until—well, the rest of the picture is well known to you all." And lying back of the restraining reasons which are advanced is the outstanding psychological factor of the deficient stimulus ultimately leading on to placid resignation.

Possibly, in an endeavor to bring out the picture in bold relief, one may have exaggerated it somewhat; but, fundamentally, our premises are correct.

Is it necessary to brush up? asks a calculating layman. So far as I can see our old family doctor of thirty years ago gave us just as good service as the modern physician of which you speak. (Yes,

\* Doctor Routley, who is secretary of the Canadian Medical Association, was a guest of the California Medical Association at its Fifty-second Annual Meeting and an official delegate to the American Medical Association. This paper was read by invitation before the General Meeting of the California Medical Association in San Francisco, June 23, 1923.



bless the old patriarchs, and maybe better service, from the point of view of their patients of those days.) But what do we find has transpired in the realms of medical science during those thirty years, or the last twenty years, or ten years? The forward march bringing in blood, chemistry, metabolism, serum therapy, X-ray, radium, insulin, and the host of other accessories to the practice of medicine, bears unquestionable testimony to the advances which have been made. Is it not agreed, then, that, if these advances are to be placed at the service of the public, the general practitioner must be in a position to either utilize them or to see that their utility has a place in the lives of his patients?

And gentlemen, while we lay stress upon the advantages of learning new ideas, new applications, let us not lose sight of the equally paramount importance of keeping original knowledge so refreshed as to be of the greatest value in the life and work of the physician. This is a serious and vexed problem which must be squarely faced—certainly if not in California, in many parts of the country.

Fortunately, in the opinion of many, there is much that can be done, and it is of one solution that I primarily presented myself before you to touch upon. In brief, it is this: "Take the school to the men, rather than ask the men to come to the school."

In the Province of Ontario, an area with a population of 3,000,000, including 3400 medical practitioners, an honest attempt was made two years ago to carry graduate instruction to the men in practice. At that time, although the Ontario Medical Association was in its forty-first year, it had less than 1000 members and an annual budget considerably below \$5000.

A representative committee on education was appointed and vested with the necessary authority to complete a plan and put it into operation. There are three medical teaching centers in the province. Each faculty was asked to appoint contributors who would be willing to go out upon call to any part of the province. In addition, individual members outside the teaching centers who felt that they could deliver messages to their fellows were asked to help. In this manner, a schedule comprising 159 contributions on medical and allied subjects was prepared, printed and mailed to all practitioners in the province, with a covering statement that the provincial association would, upon request, bear the cost of sending six speakers to each county society during the following year. The local society was to choose both subject and speaker—the association undertaking to carry out all the necessary arrangements. Now, what happened. All over the province men began to discuss the advantages of the offer. Where no county medical society existed, one was quickly formed, and in a short space of time as many as ten speakers in one day were going out to the four corners of the province. In all, during the first year 231 speakers visited areas totaling approximately 60 per cent of the province. I had the privilege of attending and of assisting in organizing many of the county societies. When I tell you that in one typically rural society, with a total medical population of fifty-five, frequently forty-five

to forty-eight men turned out in an evening, bombarding the speaker with questions up to 1 a. m., and then set out to drive twenty-five to fifty miles home, you will realize with what eagerness and appreciation the plan was adopted. It was not long until we had established forty-three active units in the association, with a membership of over 2000, paying an annual membership fee of \$10. In addition to the funds thus raised, the plan received during its first year possibly its greatest tribute of appreciation in the form of a gift of \$5000 from the Canadian Red Cross Society, the officials of that body thus putting themselves on record that they knew of no better way of assisting in the relief of suffering and the prevention of disease than by helping to make better qualified doctors in all parts of the province.

Last year, the schedule was revised, 307 contributions being offered from which the profession might select topics of their choice. Again the Red Cross gave the association a second grant of \$5000, and the number of speakers sent out to each society—cost free to the society—was increased to eight. During the second year's operation of the schedule, close upon 275 addresses or demonstrations were given, making a grand total for the two years' operation of something over 500. Between 70 and 80 per cent of the area of the province was accordingly reached. Larger centers make up balance.

And now, may I retrace and give you a brief resumé of the plan:

1. The schedule now listing 359 contributions but *not* the names of the associated speakers, was sent to every practitioner in the province. This created first interest.
2. The county society first chooses its subjects and then, from the names of the associated speakers supplied by the central office of the association, chooses its speakers. Each member has his chance.
3. Speakers are called to address regular meetings of the county society, or special meetings arranged for the purpose, while in some centers a series of lectures on one branch, such as the heart, the kidneys, the lungs, are given.
4. The county society is responsible for at least one local paper at each meeting.
5. Both the speaker and the county society must file a report of each meeting which reports show the number of practitioners in the area, the number attending the meeting, program presented, whether the discussion was poor, bad, fair, good, or excellent; and such other information as in the opinion of the one reporting will assist in checking up the success or failure of the plan.

Not only does this reporting present illuminating and useful information, but it serves to keep all concerned carefully tabulated.

6. At the close of the year a chart is issued showing to what extent all parts of the province have utilized the services offered.

Time will not permit to make many observations upon the institution and carrying out of this type of post-graduate work, but possibly you will bear with me while I cite a few of the advantages.

Practically the whole medical profession of the



Province of Ontario has been organized into county or district societies.

These societies are meeting more or less regularly.

In addition to receiving and listening to post-graduate speakers sent them, local men are being encouraged to present papers. There has been a noticeable increase in the number of local men taking part.

A wonderful spirit of harmony, co-operation, and good fellowship is to be found in the respective counties, and also in the provincial association.

A real stimulus to reading has been supplied, and as far as can be ascertained from various sources the men are evincing a keener interest in medical literature.

In increasing numbers practitioners are arranging to get away to the academic centers. This spring the Ontario Medical Association received over 600 applications from the profession of the province, desiring to attend the diabetic clinics being given at the Toronto General Hospital by Banting and his associates.

Here are a few notations taken from the reports received at the provincial headquarters of the Ontario association:

"One lecture which we had was quite worth more than the annual membership fee in the association."

"It is a splendid piece of work and appreciated by the men of our district."

"Not only is it proving of great scientific benefit to our men, but it, in a large measure, accounts for the wonderful change of heart which has come over them in their feeling of marked cordiality toward the Ontario Medical Association and all of its work."

"Our men are being stimulated to prepare and read papers. The progress which has been made along this line during the past year has been very gratifying."

"It is doubtful if the men in larger centers realize how we men in the country districts appreciate these speakers coming to us from time to time."

It would be impossible for one to either comprehend or appraise the full value or the real significance of the *profession* doing this work for *itself* in this way. The fact remains that knowledge is being disseminated in a manner of distinct helpfulness, and with a minimum of inconvenience and loss of time and money to the man in general practice. At the same time, personal contact, which inspires harmony and confidence; mental stimulus, which makes men want to read and improve their knowledge; unity of thought and purpose, which can accomplish all good things—all of these are intimately interwoven and correlated with the work which I have endeavored to describe. The ultimate object—the *raison d'être*—of it all is simply this: that the public is receiving a better type of service, to which it is properly entitled, and the faith in the family physician is being restored and placed on that pinnacle which we believe it once occupied, but

from which, for various reasons during the past few decades, it appears to have fallen.

In conclusion, gentlemen, may I be permitted to cite to you one further benefit which I think has accrued to the public and to the profession of Ontario from the campaign of education to which I have referred.

For many years we have been endeavoring to secure medical legislation which would protect the public from the charlatans and parasites who are ever eager to prey upon the gullible and credulous.

Two months ago a medical bill was introduced which defines the practice of medicine (we think satisfactorily), puts up the bars to the irregulars, and places prosecutions in the department of the Attorney-General rather than in the hands of the medical profession where they are misconstrued by the public as persecutions.

Because we were organized and in a position to show the 110 legislative members that we were honestly endeavoring to give to the public service born of real effort and education, it is with considerable pride that I tell you that this medical bill went through the House and has become law, receiving in its final passage the endorsement of the entire Assembly.

If our plan is feasible (and we think it is) why not make it universal. Maybe you have it here. If not, I strongly urge you to adopt it.

Again, Mr. Chairman and gentlemen, permit me to say how delighted and honored I am to be with you today, and to thank you for the most courteous attention which you have given me.

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**Operative Treatment of Certain Fractures of Long Bones**—The principle of "notching" has been employed by John J. Moorhead, New York (Journal A. M. A., April 28, 1923), in a series of cases reported, and success by this procedure has been so gratifying that in future many recent and old cases previously subjected to nonoperative reduction will be managed by this method. The time to operate is within the first thirty-six hours, if possible, the earlier the better, if there are none of the usual operative contraindications. The fragments are notched by a rongeur, chisel, saw or "bone notcher." Advantages claimed for this method are: (a) More accurate coaptation means firmer, earlier union in more exact alignment. (b) With the assurance that definite coaptation has been obtained, there is less danger of interposition of soft or hard parts which would prevent or impede union. (c) Primary neural or vascular damage is more readily discovered and corrected; secondary neural or vascular damage from pressure or callus inclusion is very unlikely. Disadvantages are: (a) Fractures are put into the operative class with the attendant risks of anesthesia and infection. (b) The method is needlessly severe and dangerous, since good results have heretofore been obtained by simpler methods. (c) It is inapplicable for general use. (d) It produces shortening. This is usually slight and of no importance. The method is particularly adapted to recent displaced or old malunited fractures of the shaft of the radius, ulna, tibia and humerus, in the order named. The femur is not included because skeletal traction is here so effective. Joint fractures are usually amenable to closed correction, perhaps excepting those of the elbow and some at the shoulder and ankle.

## THE LATENT STAGE OF GALL-STONES AND ITS EARLY RECOGNITION \*

By HENRY HERBERT, M. D.  
Attending Physician, Los Angeles County Hospital

The object of this article is to offer a symptom-complex of the early or latent state of gall-stone disease, to show the fallacy of the prevailing idea that the latent stage is symptomless.

Many notable authors have duly recognized a precolic or latent stage, but they have not emphasized it sufficiently to give the subject a wider and broader recognition among physicians. Naunyn claims that every tenth person and every fourth elderly woman has gall-stones. Gall-stones are present in practically ten per cent of all bodies examined post mortem.

Bauer's statistics indicate that one per cent of all mankind is suffering from gall-stones.

These figures are quite startling and, if true, they show what a great number of patients' abnormalities are not diagnosed, and that many patients are ignorant of their affliction. If one wishes to make a practical conclusion thereof, one may consider that, out of 110,000,000 population of the United States, there would be 11,000,000 gall-stone carriers, or 1,100,000 people suffering from gall-stones. The term suffering in this instance needs some elucidation. No doubt by this term is meant the onset of biliary colic. The incidental frequent findings of gall-stones at the autopsy has led many to believe that the patient did not suffer from gall-stones, because the history sheets did not mention any previous gall-bladder trouble or colic.

Every gall-bladder which carries stones is diseased; therefore it is inconceivable how 90 per cent of the so-called gall-stone carriers can lead a life without symptoms as do stone-free people. Granted, even, that only 1,100,000 out of those above mentioned are suffering, surely the remaining 10,000,000 people do need some consideration and medical attention.

Gall-stone trouble may be classified as having three distinct phases:

- (a) An early or latent stage;
- (b) A stage of colic, and
- (c) A stage of suppuration.

Pathologically the first stage presents gall-stones only, or gall-stones with cholecystitis; clinically it is called a latent or pre-colic stage, and its symptoms are or may be slight and obscure.

The second stage is a rather aggravated first stage pathologically and clinically; it is characterized by the attempt of the stone to pass the cystic duct accompanied by colicky attacks. The recognition of this stage is not difficult.

The pathology of the third stage comprises peritonitis, perforation or empyema—and clinically it is a purely surgical condition.

The peculiar feature of the latent stage is, that it has an unknown beginning and an existence for years without characteristic manifestations. It is impossible to say when gall-stones first become a source of trouble. Probably the cholecystitis is the etiological factor in the origin of gall-bladder sen-

sation and sensitiveness. Whether cholecystitis or something else, the effect upon the patient seems to be the same.

As gall-stones increase in number and in size, they cause a mechanical irritation of the gall-bladder, bringing about a series of local symptoms as well as reflex symptoms in remote organs.

The very earliest and most frequent sign of gall-bladder trouble is indigestion, provided that genuine gastric or other abdominal trouble is eliminated. Patients manifest a capricious appetite at times; at other times there are periods of anorexia, belching, pyrosis and a sense of heavy feeling in the epigastrium, particularly at night, or after heavy meals.

There is an instinctive aversion toward certain foods, such as meats, coffee, and liquors. In many patients the anorexia is profound in the morning and accompanied by a bad taste in their mouth.

In chronic cases the tongue is coated, whereas in the early cases the tongue may remain clean.

The expression "biliousness" as pertaining to the indigestion described above, holds a hidden truth. Biliousness is often accompanied by slight icterus visible in the sclera. Frequent spasms of the cystic duct probably promote absorption of some stagnant bile through the walls of the gall-bladder. Compression of the finger-nails will often elicit a yellowish tinge.

In spite of the gastric symptoms, however, most patients look healthy and gain in weight. Such a state of affairs may last for months or years. This group of patients comprise the bulk of so-called chronic dyspeptics, who lose confidence in the medical profession, because physicians are unable to cure their dyspepsia, indigestion, or constipation, and failing to be satisfactorily cured they turn to various outlets for relief. They try various waters, chiropractors, osteopaths, food specialists, and vegetarians.

All efforts, however, are in vain so long as the true cause is not recognized.

Patients often obtain temporary relief with or without treatment to be followed by depression upon recurrence of their symptoms. The slight symptoms may make it difficult to impress the patient with the gravity of his disease, and this psychological factor must be reckoned with by the physician in the management of those patients.

Constipation is next in order and importance to indigestion in the symptomatology. Although chronic irritation of any of the abdominal or pelvic organs of long standing may produce constipation, this symptom is very constant in conjunction with indigestion in gall-stone conditions.

The attitude of the gall-stone patients during the night is interesting. They are restless, turn from side to side, are wakeful and usually complain of insomnia; this can be explained from a postural standpoint. In an erect position the gall-bladder has its fundus pointing downward; in the lying position the fundus of the gall-bladder is directed upward, the cystic duct pointing downward. No doubt in this position a stone or stones congregate owing to the gravity towards the cystic duct, which becomes irritated causing spasm of the muscularis, thus rendering a mild form of

\* Read before the Los Angeles County Medical Society, May 3, 1923.

colic, which commences like real colic. This is the so-called colic without great pain, but with enough irritation to cause discomfort and insomnia.

The effect of the change of position of the gall-bladder is illustrated by the following:

J. K., 77 years old, complained for the past twelve weeks of anorexia, capricious appetite, constipation, heavy feeling in the epigastrium and restlessness during the night. He voluntarily contributed the information, that when he lies on his back he cannot sleep, but if he lies on his abdomen he soon falls asleep.

Another illustrative case is that of a Mrs. F. F., 30, Italian, married, two children. In 1920 she was taken ill with indefinite symptoms; intermittent anorexia, constipation, palpitation of the heart, insomnia, debility, dependency. All tests and therapeutic efforts proved to be futile, when suddenly a turn for the better came without any apparent reason or without any definite therapeutic action. One fact in the narration of her "cure" is of interest, namely that whenever she slept on her back she felt sick, but when she lay on her abdomen, she began to sleep a great deal better and became much stronger.

Analysis of the stomach contents frequently does not reveal anything definite. Examinations of the duodenum, appendix, and colon usually give negative result, and traces of bile are found frequently in the urine.

Palpation of the abdomen shows a distinct rigidity and tenderness over the gall-bladder region. There is quite a variation in the degree of intensity of the "tenderness," ranging from simple soreness to actual pain, with a typical outcry. Naunyn's method of testing the hyper-sensitiveness of the gall-bladder is to put the right hand flat over the right side of the abdomen, pointing the fingers toward the gall-bladder and giving the hand a push upward during the height of inspiration. A certain jerk or outcry on the part of the patient will be noticed. John Murphy offered a helpful modification of Naunyn's method, wherein the patient is in the standing position, his trunk fixed upon his hip and thoroughly relaxed. The examiner standing behind inserts the palmar tips of his fingers (right hand) deeply in the right hypochondriac region, at the same time the patient is told to deeply inspire. If there is any gall-bladder disease, there will be a distinct reflex action noticed either by inhibition of inspiration or by pain.

A healthy gall-bladder will not cause pain or rigidity. Boas finds an area of increased tenderness on pressure on the right side posteriorly on a level with the twelfth dorsal vertebra, two to three finger-breadths from the spine (Moynihan). I have not encountered this symptom frequently enough to consider it significant or of any special value.

Testing the sensibility of the skin on the right and left side of the epigastrium with a pin, one will often find the right side more sensitive (Heads).

I have found a new and interesting therapeutic test which also has diagnostic value in distinguishing gall-stone colic from other similar pain. If opiates are given by rectum, in gall-stone colic it not only gives quick relief, but the relief seems to be of considerable duration, whereas in other painful conditions of the abdomen, its effect is slower and not lasting. Opium suppositories

in suspected gall-bladder irritation with nightly aggravation in patients in the first stage have given brilliant results. Patients may be relieved for days or weeks from a single treatment. The appetite improves and the patient has a period of recuperation.

This phenomenon explains the curious beneficial results sometimes obtained in the treatment of constipation by opium suppositories. The explanation is that in some instances, constipation is brought on by "spasms" of the large colon and that opium and belladonna may overcome such a "spasmodic" condition of the intestines. The fact is, the authors of this theory hit the truth without knowing the real reason.

Magnesium sulphate is also of great therapeutic and diagnostic value. From two to four teaspoonfuls of magnesium sulphate dissolved in a glass of hot water taken at the onset of a colicky attack may abort or stop the colic quite readily. This remarkable phenomenon distinctly corroborates Meltzer's conclusions regarding magnesium sulphate. He proved that the introduction of a twenty-five per cent solution of magnesium sulphate through a duodenal tube causes a complete relaxation, both of the local intestinal wall, and of Oddi's sphincter of the bile duct as well. The physiological action may explain the alleged therapeutic value of certain "mineral" waters. The observation of Meltzer induced Lyon of Philadelphia to aspirate the contents of the duodenum by Einhorn's duodenal tube, and he thus made the duodenal tube a valuable adjunct in the diagnosis of gall-bladder disease. The presence of cholecystitis and occasional aspiration of bile crystals or sand, speaks for gall-stones. The practical value of Lyon's test is limited. It has not yet been generally adopted, but the biliary drainage is greatly advocated, and is of value only in the hands of physicians skilled in its use.

There is a variety of reflex symptoms in gall-stone disease:

Bilious headache: Perhaps fifty per cent of the patients have frequent headaches.

Cardiac palpitation and precordial pain is frequent, but misleading, because it may be mistaken for angina pectoris. After heavy meals, or after certain foods, a very annoying palpitation of the heart may set in and similar manifestations occur quite frequently at night.

Chronic diseases of the bile ducts no doubt explain some cases of so-called "idiopathic" myocarditis. A number of physicians have noted that reflex disturbances such as dyspnoic attacks due to catarrh of the bile passages, may produce hypertrophy with enlargement of the right heart. Babcock claims that chronic diseases of the gall-bladder do cause chronic myocarditis. I have observed myocarditis of various degrees in patients suffering from gall-bladder trouble. In the second or colicky stage and in the third stage patients with gall-bladder disease may show distinct signs of chronic myocarditis. This condition is brought on in the latent stage either reflexly, as mentioned before, or by chronic irritation of the bile, or by toxemia from the infected areas in the bile passages.



Among various reflex pains, I wish to mention the pain in the interscapular space, mostly on the right side, or pain in the right shoulder region.

Dizziness, faintness, and weakness are frequent complaints during this stage. The chronicity of the trouble is no doubt responsible for many cases of "nervousness," neurasthenia, and even hysteria. Inertia, lack of ambition, and "bilious" temperament are occasionally met with in these patients.

Another interesting feature of gall-stone disease, at least in Southern California, is its seasonal feature. The greatest number of cases occur during the summer months, due probably to frequent attacks of gastro-intestinal infection. Such an infection spreads upward toward the biliary ducts, causing cholangitis and irritation of the gall-bladder with accentuation of its latent or dormant condition. According to Moynihan, "Ehret and Stolz fed dogs, in whose gall-bladders sterilized glass balls had laid for three months without causing symptoms, upon decomposing meats. An acute enteritis was set up and was followed by a purulent cholecystitis." This may account for the frequent bilious attacks of whites in the tropics, no doubt affecting only gall-stone carriers.

The diagnosis of gall-stones is not complete without a proper x-ray examination. F. W. Howard Taylor of Los Angeles says:

A normal gall-bladder has not sufficient density to be visualized on the radiograph. This being true, any patient having a gall-bladder which can be detected on the x-ray film has a pathological gall-bladder. This may be inflammation, thickening of the wall, stones, or a combination of both.

The diagnosis from the radiographic standpoint is divided into two major headings:

1st: The direct evidence; and 2nd, the indirect evidence.

1. Direct evidence.
  - a. Visualization on the radiograph of gall-stone or stones.
  - b. Visualization of the gall-bladder.
2. Indirect evidence.
  - a. Oval pressure defect on the duodenum or pylorus.
  - b. Pulled second portion of the duodenum.
  - c. Adhesions in the gall-bladder region.

These are most commonly found involving the duodenum and are shown in the "puckered up" or fringed appearance of portions of the duodenal wall. This shows an irregular thread-like or ribbon-like appearance of the barium-filled duodenum extending from this organ upward toward the gall-bladder.

The absolute ruling out of gastric or duodenal ulcer and appendicitis strengthens the possibility of gall-bladder disease in a patient with symptoms referable to the gastro-intestinal tract.

Negative finding on the radiograph is no absolute proof of the presence or absence of gall-bladder trouble, but it is apt to cause confusion in the mind of a patient and arouse his doubt and suspicion as to the correctness of the diagnosis. Patients are liable to lay too much emphasis upon the showing of x-ray findings.

#### ANNUAL CONFERENCE OF HOSPITALS OF CALIFORNIA, SAN FRANCISCO, OCTOBER 18, 19, and 20—SPLENDID PROGRAM ANNOUNCED.

Arrangements are being completed by the Hospital Betterment Bureau of the League for the Conservation of Public Health for the Annual Conference of the Hospitals of California, which will open in San Francisco, October 18. The Hospital Conference Committee prepared and mailed a tentative program to representative hospitals and to a selected list of persons interested in hospital betterment. Many valuable suggestions were received which will be incorporated in the complete program.

Among the outstanding features of the program this year will be an address by Ray Lyman Wilbur, president American Medical Association, on "The Duties and Responsibilities of the A. M. A. in Hospital Betterment"; "Hospitals as Educational Agencies," H. S. Pritchett; "Hospital Betterment in California," W. E. Musgrave, M. D.; "The California Medical Association and Hospital Betterment," T. C. Edwards, M. D., president California Medical Association.

State-wide interest is being manifested in "How May Hospital Care Be Furnished Most Efficiently to Those Who Cannot Afford to Pay the Full Cost for Such Service." Thursday afternoon, October 18, will entirely be devoted to a discussion of this subject, as many hospital administrators and directors want to present their views on this much discussed problem.

The subject for the morning meeting of Friday, October 19, is, "What Is the Best Method of Articulating the Hospital With Its Various Legitimate Contacts? Pathology and Clinical Laboratories, Radiology, Public Health Department, etc.," and for Friday afternoon, "Hospital Administration, Including Methods of Accounting, Reports, Methods of Admission, Classification and Discharge of Patients."

On Friday evening a big public meeting will be held under the combined auspices of the Hospital Betterment Bureau of the League for the Conservation of Public Health, the Narcotic Department of the City Federation of Women's Clubs and the Medical Society of the State of California.

There is so much publicity upon narcotic addiction which is based upon fiction instead of fact that it is incumbent on those familiar with the facts to present a constructive program.

"What Should California Do to Improve the Narcotic Situation in Our State?" by legislation, by administration, by medical prevention and treatment, by education, will be discussed by Curtis D. Wilbur, chief justice of the Supreme Court of California; Louise B. Deal, M. D., chairman of the White Cross Anti-Narcotic Society; James Rolph, Jr., mayor of San Francisco; Mrs. D. E. F. Easton, president City Federation of Women's Clubs.

Group luncheons during the first two days of the convention for "round table" discussions are being arranged by groups interested in the following special subjects:

Hospital Staffs and Staff Organizations; Nursing; Public Health Nursing and Medical Social Service; Laboratory Technicians; Physiotherapists; Roentgenologists; Dietitians; Library and Clinical Record Technicians; Organization and Management; Management of Municipal, County and State Hospitals.

And though you may be able to cheat history itself into the belief that you have been a great physician or surgeon, yet if you have not labored honestly and have permitted your skill to depend upon the whim of the lucre distributor, you will have while you live the humiliating feeling within you that you are far from being a great man in a great profession. "The applause of the listening senate to command" is meaningless and unsatisfying to your better thoughts.—(H. P. Ashe, Pennsylvania Journal of Medicine.)

## TREATMENT OF THE URETER, WHEN NEPHRECTOMY IS DONE FOR TUBERCULOSIS OF THE KIDNEY\*

By L. R. REYNOLDS, M. D., San Francisco

When one considers the management of the ureter and the fatty capsule in nephrectomy for renal tuberculosis, one finds a great many different expressions of opinion, quite analogous to the unsettled condition which the entire question of surgery of kidney tuberculosis was in fifteen years ago. Because of these facts, one is justified in stating that the question of treatment of these two structures is not as definitely settled as in the case of the kidney.

I am not going into detail in regard to the fatty capsule, but the possibility of its being the cause of post operative sinus formation after nephrectomy must not be forgotten. The extensive work on the lymphatics of the kidney and its capsule by Stahr and the demonstration of specific tuberculous lesions in the capsule by Israel, Albarran, Kidd, and Kelly have led these men to recommend a removal of as much of the fatty capsule as possible. The danger of injury to the peritoneum with resulting tuberculous peritonitis is obvious.

The many different ways of treating the ureter which have been advised is proof that the ideal method has not been obtained.

The methods of severing the ureter have been varied. The end of the ureter may be crushed with a heavy forcep and cauterized with carbolic or iodine. Others prefer to burn through the ureter very slowly with the actual cautery. Schlaginweit demonstrated that occasionally special treatment was not necessary. In several cases he simply cut the ureter off and allowed it to retract, and these cases ran a usual post-operative course.

Taddi has shown in animal experiments that the ureter closed more quickly when it was not ligated. When it was ligated, hollow spaces formed in the walls resembling true cysts. There was never a trace of reflux of urine into the wound. Therefore in nonseptic conditions, he advises against ligation of the ureter. One would not feel justified, however, in applying the results of Taddi's animal experiments in his own clinical cases.

The treatment of the ureteral mucosa has been quite as varied as the methods of severing the ureter. Kuenmell uses a special thermo-cautery which is introduced into the ureter, while Albarran, Tuffei, and others sear it with heat. Israel prefers the injection of pure fluid carbolic acid into the lumen of the ureter, filling up the entire ureter and Koenig injects tincture of iodine. In order to bring about an early healing, Paschkis advises that the stump be given anti-tuberculous treatment after the operation. Suture of the stump to the skin was advised in order that the ureteral mucosa could be treated directly, and to prevent infection of the wound with tuberculosis, and fistula formations. Israel in his analysis of 1,023 cases, obtained figures showing that fistula occurred in 10 per cent of cases in which the

ureter was allowed to drop back into the wound, whereas sewing the ureter into the wound was followed by fistula in 16.3 per cent of cases.

Total extirpation of the ureter to the bladder or to include a piece of the bladder wall, was advised when nephrectomy was first recommended, but due to the increased mortality rate, it soon fell into disfavor. These procedures were recommended by Alessandri, Garceau, Giorgani, Ramsay, Kelly, Reynolds, Israel and Longard. Of these Longard has more recently recommended the following technique. The kidney is exposed by the usual lumbar incision; after the vessels have been ligated and the kidney freed, the ureter is freed down to the pelvis, and a second incision is made parallel and close to Poupart's ligament. The incision is carried through the muscles to the peritoneum; the kidney and attached ureter are pulled through this incision; after which the ureter is divided and then fixed into the wound.

The exact diagnosis of the ureteral conditions in surgical kidney is often difficult and perhaps impossible, even with the assistance afforded by the later methods of investigation. However, in certain cases, even though the pathology of the ureter may not be entirely plain in the mind of the investigator, enough is certain to justify the operation of combined ureterectomy and nephrectomy.

This was found to be true in the cases to be reported, and although not all were infected with tuberculosis, in each the ureter was badly diseased and would undoubtedly have been the cause of a slow healing sinus, following nephrectomy.

Formerly this was a formidable and rather dangerous procedure, but, as now carried out, the risks to the patient, both as regards function and life, are very much reduced. It is surprising the small amount of shock there is attendant upon operations on the kidney or ureter, and it is surprising how rapidly these patients get well. In my limited experience, the dangers of the combined operation have not proven greater than either of the single operations.

The combined operation recommended here may be begun either upon the kidney or the ureter, depending upon the necessities of the particular case. If the kidney is first attacked, it is exposed through the usual oblique incision, and is thoroughly freed of its attachments down to the brim of the pelvis and the kidney and ureter are dropped into the wound, closed either in layers or by through and through sutures.

The patient is now placed in the dorsal position and through a lateral rectus incision the peritoneum is exposed and deflected toward the mid-line until the ureter comes into view. The ureter is then stripped down to the bladder where it is ligated, divided, and the ends cauterized with phenol. It is now easy to free the ureter up toward the kidney until the kidney and ureter can be delivered through the lower wound. The wound is then closed without drainage, or at the most with a soft rubber drain, according to the judgment of the operator.

Sometimes it will be desirable to reverse the foregoing procedure by first doing the ureteral dissection in front; closing the wound, and then pro-

\*Read before the San Francisco County Medical Society.

ceeding with the kidney operation, eventually bringing the kidney and ureter out through the loin wound. The latter order is preferable when the kidney contains pus, and liable to rupture under any unusual manipulations, or when the mass is so large that it cannot be easily delivered through the anterior wound. At the conclusion of such a combined uretero-nephrectomy, the patient, of course, has two wounds, but there is a broad plane of abdominal wall between the two incisions that has not been cut and which acts as a splendid support, militating very strongly against a hernia.

**CASE 3746: Age 36. Housewife.**

**HISTORY:** Apparently well until four months ago, when she began having frequent urination. The frequency has increased and now she has incontinence so that she is wet most of the time. Very little pain. Does not have night sweats, but has lost eight pounds in weight.

**DIAGNOSIS:** Left renal tuberculosis. Tuberculosis of bladder.

**OPERATION:** The kidney was exposed by the usual oblique incision and easily freed from its capsule. The vessels were tied individually. The ureter was very thick and it was thought best to remove it along with the kidney. The ureter was freed down to the brim of the pelvis and then the kidney and attached ureter were dropped in the wound and the wound closed without drainage. With the patient in the dorsal position, a left rectus incision was made and the ureter exposed extraperitoneally. The ureter was freed down to the bladder where it was ligated, divided and the ends cauterized. The kidney, with the attached ureter, was delivered through the lower wound and the wound closed with through and through sutures, and a small rubber dam drain.

Examination of the specimen showed many tubercles in the kidney and also in the ureter. There was practically no drainage, so the drain was removed on the third day. Both wounds were healed on the eighth day and the patient left the hospital on her fifteenth day, feeling well.

**CASE 3330: Age 43. Male.**

**HISTORY:** For seven months has had pains in the left loin with frequent and painful urination. Pus and blood in urine.

**DIAGNOSIS:** Left renal tuberculosis. Left ureteritis. Bladder tuberculosis.

**OPERATION:** The lower end of the ureter was first dissected free, ligated, divided, and cauterized. The cut end of the ureter was covered by a finger cot; dropped into the wound and the wound closed without drainage.

A left nephrectomy was then done and the ureter and kidney brought out through the loin wound. Wound closed without drainage. Both wounds healed by first intention and the patient was up in fourteen days, leaving for home in the country on his twenty-first day.

**CASE 2772: Age 42. Widow.**

**HISTORY:** Nine years ago had stone removed from the bladder. Four years ago diagnosis was made of stone in the left kidney. Fairly well until two months ago, when pain began in the left side.

**DIAGNOSIS:** Stone in left ureter. Dilated ureter. Pyonephrosis.

**OPERATIONS:** The kidney was first freed and the vessels ligated, leaving kidney and ureter attached. Wound closed after replacing the kidney. Lower end of the ureter exposed in the manner described above, and dissected free. During the manipulation the ureter was torn across well down toward the bladder. The kidney and ureter were removed and, with the finger in the vagina, the end of the ureter was lifted up so that it could be taken off close to the bladder.

The wounds both healed readily and the patient left the hospital on the eighteenth day.

**CASE 2854: Age 23. Female.**

**HISTORY:** Recurring attacks of left loin pain from

age of 12 years. Operated upon four years ago and a stone removed. Does not know from where. One year ago a second operation was done and since then there has been present a left ureteral fistula.

**DIAGNOSIS:** Fistula of left ureter. Stone in left kidney.

**OPERATION:** An attempt was made to close the ureteral fistula, but when the fistulous tract was dissected down to the ureter, the latter was found very much narrowed toward the bladder and the upper portion was greatly dilated so that the finger could be introduced well up toward the kidney. The ureter was ligated and divided and the wound closed. The patient was then placed in the nephrectomy position and the kidney and ureter removed intact. She left the hospital for home on the thirtieth day and both wounds were completely healed.

**CASE 3299: Age 65. Female.**

**HISTORY:** Pain in right loin with frequent urination for two months. Septic condition developed with fever.

**DIAGNOSIS:** Carcinoma of bladder. Right pyonephrosis. Dilated right ureter.

**OPERATION:** Because of the toxic symptoms from the pyonephrosis, it was thought best to remove the kidney and ureter. The kidney was freed in the usual manner and the wound closed. Through the lateral rectus incision, the ureter was identified; but in trying to free it, the ureter was torn very close to the bladder. The ureter and kidney were removed through the lower incision. It was impossible to ligate the short torn end close to the bladder, so a drain was put in and the wound closed. On the thirty-first day the patient left the hospital with both wounds healed.

**CASE 3800: Age 27. Married.**

**HISTORY:** Pain in right back, frequency and incontinence of urine. Duration 6 months.

**DIAGNOSIS:** Dilated right ureter. Dead right kidney.

**OPERATION:** Right rectus incision. The dilated right ureter was exposed extraperitoneally and dissected free down to the bladder. Lying alongside of the dilated ureter was a second ureter which was much less than normal size. This second ureter had not shown up in the x-ray, when the bladder was distended with sodium iodide and the orifice had not been observed at the time of the cystoscopy. The small ureter was ligated, cut and both ends cauterized with phenol.

The dilated ureter was ligated, divided and the ends cauterized with phenol. The stump attached to the bladder was then invaginated by a purse string suture of pagensteiner in the same manner that an appendix stump is invaginated. The wound was then closed with silk worm gut sutures and a small rubber dam drain left in.

The patient was then placed in the kidney position and the kidney with the attached ureters removed in the usual manner. The kidney was badly diseased, there being very little kidney tissue left. The small second ureter had a tiny pelvis of its own which was separate from the main pelvis.

The kidney wound was closed without drainage. The patient made a rapid recovery. Both wounds were entirely healed and the stitches removed on the eleventh day.

Examination one month later showed healthy scars, clear urine and the patient had gained eight pounds.

The cases reported here are too few to afford ground for generalization. However, taken in connection with other reports that have appeared in the literature, it would seem: (1) The combined operation adds but little, if any, to the surgical risk of either nephrectomy or ureterectomy; (2) The chances of a slow healing sinus or a fistula are lessened; (3) If the foregoing observations prove well founded in the experience of others, it is probable that the combined operation should be done more frequently, especially in cases of renal tuberculosis.

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## PERINEAL AND SUPRAPUBIC PROSTATECTOMY AND CHOICE OF OPERATION IN TYPES OF CASES \*

Chairman's Address, Section on Urology

By ROBERT V. DAY, M. D., Los Angeles

Since Goodfellow, in 1893, performed the first perineal prostatectomy and Freyer, in 1900, the first sub-total enucleation suprapubically, progress has been rapid and constant, until at the present time both operations may, in the majority of cases, be completely visualized and, in a large measure, ordinary surgical principles observed. One difficulty after another has been surmounted. Preparation, the most important factor of all, is now among urologists universally the great desideratum. Technic and management have been so perfected in both types of approach that, in experienced hands, the incidence of mortality and morbidity should be very low. When Young, in 1903, modified and perfected the Proust operation, he builded so well that the various modifications (Hinman, Geraghty, Dillon, Cecil, as well as modifications suggested by Young himself) have added little of real value to the original procedure. The average mortality rate by the perineal route in the hands of the foremost operators has been about 4 per cent (Young). The incidence of morbidity, however, has been somewhat greater.

The shortcomings of the perineal operation are: (a) Incomplete removal; (b) Various degrees of incontinence following; (c) Decrease or loss of sexual power; (d) Recto-urethral fistula—rarely seen except after operation by the inexperienced.

Incomplete removal is often followed by residual urine and occasionally by a certain degree of incontinence. Incontinence is more apt to follow one of the newer procedures—enucleation en masse even though the external sphincter is not injured. There can be no question that the sexual power of the individual is very often markedly lessened or destroyed by this type of approach. This has been attributed to injury of the periprostatic nerve plexus, and is also probably due at times to injury of nerves in the perineum. One is inclined to dismiss this factor as unimportant; but the loss of all sexual desire frequently has a profound psychic effect on men around 60 to 65 years of age. Recto-urethral fistula can almost always be avoided. Admittedly, and, in fact, all the bad results above mentioned do occur with even the most skillful and experienced operators.

Suprapubic prostatectomy, either by the two-stage operation or the one-stage open visualized operation, after the method first suggested by Hurry Fenwick, improved and perfected by Chute, Judd, and Hunt, in which bleeding vessels at the bladder-neck are whipped over and tied, followed or not by the use of a hemostatic bag, in properly selected cases, affords practically as low a mortality as the perineal operation, and the functional and structural results are not left to a certain chance as they are by the perineal operation. Incontinence is unknown after a proper suprapubic enucleation, and the gland

can be readily enucleated more radically, enabling the bladder to empty itself completely. Sexual function is not affected adversely.

Many operators (Gardner, Hunt, Bugbee, Lower, MacKenzie and others) have reported a large series with a mortality rate of 2 to 2½ per cent. In fact, with good fortune Gardner and Lower had more than 100 consecutive cases without a death, and Hunt and Judd over 100 with one death, using sacral and perisacral anesthesia and field-block for the abdomen. Freyer had an operative mortality of 5.25 per cent in his series of 1625 cases, and most of these at a period when accurate methods of determining kidney function and retained nitrogen were unknown. When we consider this low mortality, however, by either type of operation, we must believe that these cases were largely among the better risks—well-to-do patients for the most part, who did not allow the prostatism to advance to the ultimate. Probably Chute's recently reported mortality rate of 10 or 11 per cent is more nearly the correct one for patients operated on in general hospitals supported by taxpayers, where patients so often go only as a last resort. These patients often present themselves to these hospitals in the late stages, after the kidneys, heart, and other organs have suffered the most marked degeneration from retention, back-pressure, and long-existing infection.

Studying the statistics of many operators, either published or learned by personal communication, leads to the conclusion that perineal prostatectomy has a slightly less mortality rate than suprapubic when each is performed in the most skillful manner after the most careful preparation.

From 15 to 35 per cent of patients suffering from prostatitis coming to operation—the percentage in a given series varying with social status, financial state and degree of intelligence—constitutes the class in whom we may expect our largest mortality. These come with all sorts of lesions and degenerations in heart, kidneys, arteries, lungs and other important organs, and any ill wind may carry them off. In fact, if they survive prostatectomy, their expectancy of life is not more than one to three years. On the other hand, the remaining 65 per cent or more are excellent risks and if carefully prepared, have good surgery and are wisely managed post-operatively, should recover almost to a man, no matter what type of operation is performed.

Recently we have been segregating our cases as follows: The good risk we have subjected to suprapubic operation, either one-stage with bladder-neck suture plus hemostatic bag or packing, or the two-stage operation if catheter is not well tolerated or the urine is persistently ammoniacal from infection with urea-splitting organisms or stone is present. Packing the bladder after the manner of Freyer after the two-stage operation is occasionally resorted to and is entirely dependable to control bleeding. It is productive, however, of much tenesmus.

With the poor risk, on the other hand, we have recently decided, in most cases, to operate by the perineal route. With caudal and transsacral anesthesia, or even with gas, it allows them to get about

\* Presented at the Fifty-second Annual Meeting of the California Medical Association.

very soon, and this is an important factor in many of these decrepit old men, who develop pulmonary, cardiac and renal embarrassment most readily.

Limited time does not allow me to discuss in detail the well-established methods of management from the moment the patient is first seen until he is fully convalesced.

The above-stated opinions are based on more than 200 prostatectomies performed by myself, about 20 per cent of which were done perineally. There has been no death among the perineal cases since the days of 'phthalein. In private practice my mortality rate after suprapubic prostatectomy has been 4.3 per cent and this, notwithstanding that until recently all the bad risks were done suprapubically in two stages.

#### CONCLUSIONS

1. Sixty-five per cent or more of patients requiring prostatectomy are good risks and have a reasonable expectancy of life from 4 to 20 years.

2. Operative mortality rate in this selected class of cases should not be more than 1 per cent from either type of operation.

3. Choice of anesthetic is a great factor. Mortality has shown a considerable drop with the introduction and use of caudal and transsacral or gas anesthesia for perineal operations and caudal and transsacral plus field-block in suprapubic operations or the use of spinal anesthesia.

4. From 15 to 35 per cent of any given series are poor risks, and the mortality rate is probably at least twice as great in these cases with the suprapubic route as it is perineally. These cases have a reasonable expectancy of not more than 1 to 3 years at best, and should be satisfied to take the chance of an occasional bad functional result.

5. On the other hand, the younger and sounder man with a reasonable expectancy of a considerable number of years to live and vitality sufficient to withstand a more radical and precise suprapubic enucleation, with sure preservation of sphincter control, no diminution of sexual power and no risk of having a urethrorectal fistula, I believe, should have the suprapubic operation in all cases. Bad results after suprapubic operations should not occur; but if they do occur, they are easily corrected. Most bad results after perineal operations are irremediable.

#### DISCUSSION BY GRANVILLE MAC GOWAN

Dr. Day's presentation of the dangers attending and the benefits to be expected from employment of the usual methods of getting rid of the obstructive and irritative interference to urination in cases of prostatism has the advantage of the clearness of vision arising from an unbiased mind and a wealth of observant experience.

The desideratum is that no surgeon should allow himself to become a fighting partisan for the operation of Mr. Him or that of Professor Who. The fact that these different techniques exist and that most men upon whom they are used make satisfactory recovery from their embarrassing ailments, speaks well for all of them. If it be but known, each has its definite cases to which it is best fitted. To select these cases is an art not of universal possession. The mortality rate of any operator depends not only upon his technical skill as a surgeon, including an intimate and exact knowledge of the anatomy of the perineum in the male, but

that of the fascial bed in which the bladder is found lying when it is approached from above, and of the interrelations of the organs of the pelvic basin. On the watch for the dangers which lurk and cower to spring upon the unwary from Scylla above or Charybdis below, free of the pride of the egoist who jeopardizes with nonchalance the interest of his client, by sacrifice of accuracy to speed—if the surgeon knows enough of medicine to properly prepare his client for the ordeal of operation and to carry him through the subsequent storm without too much meddling, in private practice the mortality rate should not exceed 2 per cent, whether the approach to the prostate be from above, visualized or not, one stage, two stage; or a Young's perineal prostatectomy from below, with or without drainage. The nature of the malady is such that the ultimate result is not always entirely satisfactory to either the operator or the patient, but a greater mortality in private hospitals nowadays than 2 per cent is attributable only to lack of skill, lack of care, or unsound judgment upon the part of the operator. It is my belief and my claim that no risk is ever added in the case by a preceding suprapubic operation for preliminary drainage, the bugaboo of some writers, that a little surgical care, easily learned and simple to carry out, can make as innocuous and foolproof as any process in surgery can be made. No man should ever lose his life from an operation required for suprapubic drainage, from the operation itself.

Brack Shops Building, Los Angeles.

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## PERITONSILLAR ABSCESS.

A LESS PAINFUL AND MORE EFFICIENT  
METHOD OF TREATMENT.\*

By ROBERT STEELE IRVINE, M.D., San Francisco

There are few physicians doing general or special practice who do not at times have to deal with peritonsillar abscess—this frequent complication of an exceedingly common disease. Its painful course and occasional fatal termination are too well known to require comment, which facts give me courage to suggest a method which I have found successful.

It is not my intention to enter into a discussion of the pathological process leading to abscess formation. There seems to be an agreement that it begins with a bacterial infection, localizing in the tonsil itself, then spreading by way of the lymphatics into the areolar tissue surrounding it or lying between its capsule and the aponeurosis of the superior constrictor of the pharynx. The pharyngeal muscles, palato-glossus ventrally, the palato-pharyngeus dorsally and the superior constrictor of the pharynx laterally by enveloping the tonsil on three sides, limit the process, which finds least resistance by dissecting the tonsil with its capsule from its bed, pushing it towards the median line.

According to Coakley, abscess may form in four different localities: (1) External to and above middle of tonsil; (2) Behind posterior pillar; (3) Superficial to constrictor muscle (pharyngo-maxillary space); (4) Multiple locations. He has also stated that 90 per cent of the abscesses are of the external superior type.

The type which burrows laterally, piercing the superior constrictor muscle and localizing in the pharyngo-maxillary space, is necessarily most grave owing, first, to its inaccessibility; second, its immediate connection with the mediastinum, and third, the fact of the great vessels of the neck lying in its posterior compartment. The unmolested or unsatisfactorily drained cases, which terminate fatally, are probably of this type.

The clinical picture of a fully developed peritonsillar abscess is one of extreme distress. The dysphagia, obstructed respiration, dribbling saliva and general wretchedness can scarcely be misinterpreted and the patient is generally willing to submit to any measures for relief. It is often impossible to open the mouth sufficiently to examine the throat. If the jaws be forced open, the soft palate and uvula appear oedematous and the swelling pulls the anterior pillar of the affected side to or across the median line, which makes definite localization most difficult.

If left to itself several courses are open: It may in a few hours rupture spontaneously, usually between the tonsil and anterior pillar. The literature speaks of sudden rupture and suffocation. I am not able to state how often this has occurred. It may erode a vessel and produce a fatal hemorrhage. In 1911 Newcomb collected records of thirty-five such cases. Since then several others have reported hemorrhages occurring after drainage. Occasionally, if the abscess be not too large

or virulent, it may become quiescent or be absorbed. I have occasionally encountered such abscesses in doing tonsillectomy.

In going over the text books of general and special surgery to which I had access in the Lane library and the American and European literature of the last twenty years, I found numerous references on this subject. There is a general agreement that the abscess should be opened as early as possible. A variety of methods were described: one recommends a general anesthetic and enucleation of both tonsils, beginning on the affected side. He reports fifty-six cases so treated, with three fatalities, one of which he believes should be omitted from the statistics.

Most authors advise spraying or swabbing the throat with cocaine and incising with a bistury, free, or protected to near its point (according to St. Clair Thomas), on a line from the base of the uvula to the last upper molar, slightly nearer to tooth than uvula. The direction of the incision is variously described as vertical, horizontal, toward uvula, and toward cheek. The insertion of forceps to increase the size of the opening was the method of choice by several. Hays devised a combination of forcep and canula by which he opens and irrigates immediately. The galvanocautery and the grooved director have been used and the cavity has been kept open by packing, rubber tubes and a cleverly constructed "Knopf" tube shaped like a collar button. While with these methods many patients have been relieved, there certainly are tremendous technical difficulties in the way of locating the best point for drainage with locked jaws and a tender throat; and considerable pain and danger connected with a quick and uncertain stab toward the swelling. Often the knife penetrates the pillar and enters the tonsil, there is free bleeding but no pus is obtained. The surgeon assumes that the abscess was not matured and later the pus finds its way out and the patient is relieved, but not because of accurate surgery.

Frederick Schenech cites an instance of a French woman of the seventeenth century who developed an abscess about the tonsil, and notwithstanding her anxiety to be relieved, would submit to operation by no one except her fiancé. Accordingly, he took his position before her, knife in hand, she was blindfolded, and at that instant the knife was handed to the surgeon who stood at his side and plunged the knife into the swelling, only to see her sink to the floor and die from hemorrhage in a few minutes. It was Professor Killian, I believe, who said: "Das skalpell ist blind."

It occurred to me that an operation performed under a momentary general anesthesia with a blunt pointed instrument, following the anatomical cleavage lines, would be more in keeping with modern surgical methods. I have, therefore, carried out the following technique in fifteen instances, with most satisfactory results as to freedom from pain, rapid convalescence, and minimum injury to adjacent structures. It is preferably performed in a hospital.

The method in brief is as follows: The patient lies with face turned toward affected side (if it be unilateral), a small mouth gag is placed between the teeth and complete anesthesia is

\* Read before the San Francisco Polyclinic Staff.



induced by somnoform or nitrous oxide. The anesthetic mask is then removed, the jaw is quickly opened by mouth gag, the position and type of abscess determined by a palpation with the finger, a sponge on holder is placed behind the swelling and a blunt tonsil scissor, curved to a right angle, is passed between the tonsil and the anterior pillar and the abscess cavity entered. The scissor blades are then opened as widely as necessary to evacuate the pus, which is prevented from entering the larynx by the sponge and by the voluntary action of the patient, who by this time is sufficiently awake to clear the throat. If pus is not obtained at the point of entry of the scissor blade, it is proper to search with the blunt point until it is encountered. Tonsillectomy is performed two or three weeks later.

To summarize: the points of advantage of this method are: (1) Accurate localization of abscess; (2) Maximum safety and thoroughness in evacuation; (3) Minimum damage to pillars and palate; (4) Absence of pain during operation.

209 Post Street.

**Intracutaneous Guinea-Pig Test (Kellogg) for Human Susceptibility and Immunity to Diphtheria—**The Kellogg test consists in the injection into the skin of a white guinea-pig of a mixture of equal parts of blood serum from the person tested and a toxin dilution containing one-thirtieth of the L + dose per cubic centimeter. If the patient's serum contains exactly one-thirtieth unit of antitoxin for each cubic centimeter (the amount stated by Schick as being protective), 0.1 c.c. will contain one-three hundredth unit of antitoxin. Two-tenths cubic centimeter of the mixture of serum and toxin will, therefore, contain one-three hundredth unit of antitoxin and one-three hundredth L + dose of toxin. The combining ratio of these substances is such that there will be free in the mixture one-three hundredth minimal lethal dose of toxin, which is just sufficient to produce redness without necrosis in the skin of the guinea-pig. This degree of reaction, as also anything less, constitutes a negative result and indicates immunity. Tests were applied by W. H. Kellogg, Berkeley, Cal. (Journal A. M. A., March 17, 1923), in combination with the Schick test, on 160 persons, in four different groups, each group being tested at one time by the two methods. With two exceptions, the Schick test and the Kellogg test in this entire series of 160 persons tested have agreed so far as uncomplicated Schick tests were concerned. Kellogg is convinced that the Kellogg test is conclusive as showing either the presence or the absence of immunity to diphtheria. Controls are possible which guard against deteriorated toxin and false negative reactions. False negative reactions with the technic described are believed to be an impossibility. Protein reactions do not occur. The test is a central laboratory one, relieving the physician of the responsibility for the interpretation of the doubtful reactions so frequently observed in the Schick test. The test is the one of choice for practitioners having occasion to test a few persons at a time. The disadvantage of the Schick test, under such circumstances, is that no control against false negatives from deteriorated toxin exists. The test is not recommended as a substitute for the Schick test, when large groups are being examined, for the reason that the collection of a large number of blood specimens would be too time consuming, excepting with adults and older children with whom venipuncture can be used.

## ALLERGY AND ANAPHYLAXIS OF THE SKIN\*

By GEORGE D. CULVER, M. D., San Francisco

The phenomena of immunity and anaphylaxis, as manifested by skin reactions like urticaria, the circumscribed oedemas, purpura, and possibly some of the eczematous eruptions following duplicated infections or the ingestion of a foreign protein where previous hypersensitization has occurred, are familiar to every physician. Macleod gives as clear an explanation of anaphylaxis of the skin as I have found. With vaccine as an example of a foreign substance added to the blood for the purpose of immunization, an ergin is produced after a time. This hypothetical substance in the form of the so-called agglutinins precipitins or bacterioly-sins, all antibodies, is responsible for the anaphylaxis. When a second dose is given, the antibodies cause its disintegration so rapidly that toxic products are formed which lead to an acute reaction. A foreign protein of food may act similarly, and as Walker states, one may have eaten the especial food for years with no disturbance whatever, then may come a time when some skin disturbance is produced, and ever after that, associated with the eating of that article of food a repetition of the skin manifestation occurs. Other symptoms of general character may also be produced, such as fever, mucous membrane oedema, and joint pains. Von Pirquet coined the word "allergy" as designatory of such a clinical picture. The skin in such instances is allergic.

Idiosyncrasy against drugs has been explained by the deduction that the introduction of the drug into the body leads to the formation of albuminoid bodies which act as alien protein substances.

Along with the subject of focal infection as being at fault for many skin diseases, idiosyncrasy has had almost an even break. It is not difficult, however, to find a wide divergence of opinion among the most active and successful clinicians. Near the closing of one of the best of recent publications on dermatology, that of Darier so ably translated by Pollitzer, the latter offers the statement that, "The divergence among competent dermatologists on so apparently simple a question as the value of a non-nitrogenous diet in psoriasis and some other dermatoses is certainly remarkable and suggestive. In regard to urticaria, oedema-circumscriptum and similar affections which seem to be typical of an anaphylactic disturbance, how often does the most rigid inquest fail to disclose the peccant alimentary or autotoxic substance! The recently introduced 'cutaneous tests' that in theory seemed so promising have proved disappointing in practice."

Hazen remarks that, "Sensitization to some food protein is on the high road to popularity, and for the next few years we shall doubtless have an exhibition of thousands of cases diagnosed by some food test, usually of the cutaneous type, and cured by either immunization with minute doses of the food or by abstinence from it altogether. While

\* Read before meeting of San Francisco County Medical Society, March 13, 1923.

we must remember that cutaneous tests may be important, let us not assume that such tests can take the place of all other diagnostic methods."

Norman Walker, in the last edition of his delightful little book, "An Introduction to Dermatology," makes the statement that: "The cutaneous reactions which so many workers are at present investigating are full of promise for the future. We are only on the threshold of the subject, and the results are often mystifying and not infrequently seemingly contradictory; but I feel very confident that as time goes on and experience accumulates, we shall learn what not to give to patients who suffer, not only from urticaria, but from many other forms of dermatitis." The carrying out of the test is easy; interpretation requires experience.

More than two hundred of these test proteins have been prepared; also grouped protein tests. The forearm is cleansed with ether, excoriated, and on each excoriation a drop of decinormal sodium hydrate solution is placed. Then a small quantity of the proteins, whose action one is anxious to note, is rubbed into each abrasion with a platinum loop, flamed before and after each application. Controls are made with the soda solution alone. In from ten to thirty minutes, the reactions should be read. They consist of wheals and surrounding erythema. A wheal without erythema, and no larger than the wheal produced on the control excoriation, is "negative." A wheal half as large again as the control wheal, and surrounded by erythema, indicates a positive reaction, and there are degrees of positiveness. The assessment is somewhat arbitrary, according to the size of the wheal and the intensity and area of the erythema.

A positive reaction produced by any particular protein indicates that the patient has been sensitized to that particular protein by absorption of it from some focus in his body.

Walker also states that, "Again and again he has seen patients dieted, drugged, and sent in search of health to one health resort after another when the whole explanation was that some simple article of diet had become a poison."

I have not been so fortunate as to make many such discoveries. My own impression is that instances in which allergenic or anaphylactogenic skin effects, as seen in a dermatological practice, caused solely by some individual and discoverable foreign protein are more remarkable for their rarity than otherwise. When found, in almost every instance, the clinical picture is spectacular, and it presents points of interest that make it a memorable one. It is all very wonderful in theory, and there isn't any doubt of its occasional dramatic manifestation.

Robert W. MacKenna, in his publication just off the press, very aptly remarks:

"It will be readily understood that in the doctrines of focal sepsis and sensitization to foreign proteins we may have found a clue to the etiology of many skin conditions whose precise cause has hitherto been obscure. But caution is necessary.

We must not be too ready to explain all conditions that baffle us by appeal to biochemical reactions that in themselves are obscure and still the subjects of controversy. But by exact observation and the careful accumulation of facts, we may ultimately reach certainty."

One of the most extensive and alarming instances of erythema multiforme I have seen was a repetition of a similar attack which likewise followed the use of Neisserian vaccine. I recall the plaint of an intelligent patient who was suffering from malaria that he should not be given quinine. True to his prediction, an oedema circumscriptum with rather alarming mucous membrane symptoms developed soon after a few small doses were given. Drug idiosyncrasies are not uncommon.

I've had occasion to watch most intimately an individual in whom the eating of tomatoes was invariably followed by canker sores of the tongue-tip during one whole season. Then for several years this did not occur, but this last season the phenomenon repeated itself as before. What conclusion, aside from the advisability of leaving tomatoes alone, should one reach?

Though such articles of food as shellfish, berries, etc., cause urticaria in some individuals, and though these may in some way cause other types of skin manifestations, the question arises, Has the person affected been rendered anaphylactic? Such an instance as the following may be explained in such manner:

Patient while dieting ate much meat. During the dieting a dermatitis, eczematous in character, developed in the front of the neck; this disappeared. A few months later, while on a similar diet, the skin of the front of the neck became tender and red. From this time on the eruption fluctuated without any apparent tangible reason. A year later while absent from home this patient gave up meat, and within a few days, while on a bread and vegetable diet, was much more comfortable. After returning home and eating lamb, there was a return; then while on a subsequent trip during which time only chicken and venison were the meats eaten, there was freedom from the dermatitis. Again, on returning home, and this time partaking of beef, there was a return. This patient found that beef or mutton could be eaten three or four times, but not longer without an outbreak. This is clearly a case in point of what we believe to be an acquired hypersensitiveness to the proteins of beef and mutton, probably a true anaphylactoid reaction.

How can the following be explained? A man twenty-four years of age sought treatment in August of last year for a recurrent dermatitis, largely of the type of eczema seborrhoicum, which had appeared periodically for five years, and was often associated with furunculosis. No doubt, streptoderma was frequently associated as an aggravating factor in the dermatitis. This, however, with the furunculosis, seemed secondary to the dermatitis of indefinite and puzzling etiology. The patient had an appendectomy in 1916, one year

preceding the first appearance of trouble with the skin.

While still, a student in the East and under the care of different excellent men, many tests for sensitiveness to foreign proteins were made. His skin was found to react conclusively to lima beans, peas, and cologne, and to nothing else. He refuses to accept the casual relationship of cologne. A hunt for a cause is still being made. In the meantime the condition is kept under control only while the patient follows the most careful daily regimen of living.

A patient of recent date gave a history of having had chronic recurrent urticaria for five months, principally about the buttocks, thighs, and lower abdomen, with swelling of the lips. When he came in, the left side of the upper lip was swollen. Four months later he again presented himself, at which time he was free from any disturbance. He had observed in the meantime that most of the green vegetables, cooked or raw, caused an outbreak. Fruits, however, and tomatoes did not do so, nor was he affected by potato. Dry beans and canned peas were great offenders, but wheat was not so. He chewed much tobacco and smoked a little, but this vegetable did not cause trouble.

If this patient is an example of an anaphylactoid tendency—and I believe he may be—there must be an intricacy difficult of explanation. The case cited, with an anaphylaxis toward mutton and beef, was not anaphylactic to meat as meat, nor to one kind only.

I am at a loss to offer anything conclusive. Such work as that of Arthus, Barnathon and Nobecourt, showing that sensitization to a foreign protein may be produced by the absorption from the alimentary tract of proteins incompletely hydrolyzed because of some digestive irregularity, must be carefully weighed. And we must accept as a working basis that foreign proteins in the blood may establish what is known as an anaphylactic state. The patient is sensitized, and his skin is rendered allergic; i. e., made ready to react to the local inoculation of the protein to which the person is sensitized.

Much has been written upon the subject. How great a percentage of instances of urticaria, giant urticaria, and the dermatitides can be explained upon an allergenic basis, or whether or not all can, no one knows. With such a highly organized part of the body as the skin, which is so intimately linked with the digestive and nervous systems, and which is so greatly influenced by the endocrine secretions and by conditions of the fluids circulating in the blood-vessels and lymphatics, almost no phenomenon is too intricate to believe possible.

323 Geary street.

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Health, longevity and intelligence are largely questions of heredity. Those medicos who are anxious to establish a medical autocracy, destroy the liberty of the subject, and legislate for the individual from the antenatal state to the grave, had better start with the ancestors.—(Sir James Barr, M. D. American Medicine, June, 1923.)

## NITROUS OXID ANESTHESIA IN INDUSTRIAL SURGERY \*

By H. G. McNEIL, M. D., Los Angeles

Industrial surgery in its various divisions is a particularly exacting specialty, and as such must call to its aid all modern and scientific appliances which will assist in the prompt and painless recovery of injured employees. Its major work should be done in a good hospital and under the observation of a staff, which should be a teaching staff where such is available.

Those who have made the most careful study of this class of work and are oldest in it, I believe realize more and more that the name "industrial surgeon" is too broad a term, and that as time goes on this industrial medical and surgical work will be more properly cared for in hospitals which have an industrial staff with trained assistants. The growing importance of this class of work will soon make it incumbent on all hospitals to provide for it in a very special manner. Certainly, in this way only can the best results be obtained, as eternal vigilance is the price of success. There must be a minimum of poor results, as we are not dealing only with convenience or cosmetic effects, but with the future earning ability of our patients which, once destroyed, cannot be returned to them.

These patients, because they are being cared for under a compensation act, are sensitive and critical, which is a further reason why they should be given the most exacting care. The introductory work should be done with care and gentleness to obtain their confidence, and the subsequent attention made as painless as possible.

It is just along these lines that I wish to impress upon you the necessity of using every available means to treat these many painful injuries and dressings in the most painless manner. It has often been said that if every physician had to have one baby that the science of obstetrics would long ago have been the highest developed. So in industrial work. If each surgeon had to submit to the daily dressing of a third-degree burn he would at once look for the most harmless method of relief which at present seems to be nitrous oxid gas.

This gas, discovered by Priestly in 1872, was first used as an anesthetic by Horace Well in 1844. It offers us so much that it is hard to be over-enthusiastic in its use. Under its influence all kinds of long and tedious operations may be done with the greatest safety. Its value and place in general surgery is now well founded, but I do not believe it is as universally used in industrial work as its merits justify. It is not as toxic as either chloroform or ether, and the signs of asphyxia are so plain, distinct, and easily recognized that even one not experienced in its administration should be able to prevent a fatal asphyxia. Of course, the administration of any anesthetic should not be entrusted to a layman when the services of a physician can be obtained. And I insist on the anesthetist attending strictly to his own business. He should continually observe every detail of his work as closely

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\* Presented to Section on Industrial Medicine and Surgery at the Fifty-second Annual Session of the California Medical Association, San Francisco, June, 1923.



as the surgeon does his, and it is only, by so doing that he can guide his patient safely through with the more toxic anesthetics and maintain a proper degree of anesthesia with gas.

The machines in use today are so simple and accurate that it is possible at all times to know almost the exact proportions of nitrous oxid and oxygen being given, and to change the mixture as the indications arise. We occasionally find individuals who cannot be anesthetized with nitrous oxid, and for these the machine is so equipped that ether may also be used. This is rarely necessary except in prolonged operations on plethoric or husky individuals. The amount of ether used in such cases never goes beyond the point of stimulation, so that the depressing nauseating effect of deep ether saturation, with a prolonged recovery and danger of anesthetic poisoning is avoided.

While it may sometimes be considered a convenience in fracture work, it is a necessity, and only by its aid can we continually get the best results. I use it universally both in office and hospital practice where a short anesthesia is desired. The patient is usually awake and able to go to the X-ray room by the time the reduction is made and dressings applied. The plates can be viewed in a few minutes, and if the results are not satisfactory the process is repeated until we are satisfied even if it takes four or five attempts.

I know of nothing in surgery which is more pleasing than the satisfactory reductions of a difficult fracture, nor is there anything more distasteful than to acknowledge a poor reduction. Our results are what we make them, and the first efforts must be the best. Nature is very kind when she cures most of our diseases, heals our wounds, and unites our fractured bones, but she refuses to be responsible for their proper alinement.

Then there are those painful and time-consuming dressings which wear out the nerves of the patient and the back of the doctor. Shifting of splints, movement of ankylosed joints, dressing extensive burns, and drainage can all come under this heading and can be best cared for with the aid of gas. Here, as a rule, we use simple analgesia such as the dentist employs for filling teeth, the patient taking as much as he wishes through a nose-piece, which falls from his hand if he becomes unconscious.

It will be necessary to discuss the cost of the service, as that question is always brought up by those unfamiliar with the liberal use of this gas. The machine is as much a part of regular equipment as the office desk, and must be so considered in any modern office or hospital doing accident work. If results are what count, it will pay for itself in the first difficult fracture case, where a poor result would run compensation into hundreds of dollars. Proper first-aid treatment will often obviate the necessity of much massage and other corrective manipulations, which we find a necessary but burdensome part of our work. Material costs should run about \$1.25 per hour, which is not excessive for the first aid, and as subsequent needs are usually only for a few minutes at a time, the total

cost is not great and is even small when the relief afforded is a consideration.

In conclusion, allow me to state that I believe that more thorough work can be done and quicker recoveries secured when painless methods are employed.

939 Pacific Mutual Building.

**The Alameda County Medical Association as Host to the American Medical Association**—The Alameda County Medical Association on Monday, June 25, entertained over five hundred visiting Fellows of the A. M. A. and their friends, giving them a day they will long remember. After the morning clinics a genuine old-fashioned California barbecue was served in the magnificent Redwood Grove at the Claremont Country Club.

After the barbecue, came the drive over the famous Skyline Boulevard, called by Baedeker "the third most beautiful drive in the world." As you wind along these hills, 1500 feet above the city, you can see the whole stretch of the San Francisco Bay, from Vallejo to San Mateo, with the city of San Francisco and the Golden Gate directly before you. Through the tunnel and on over hill, and through dale, through the wonderful Mount Diablo country, and to the Mount Diablo Country Club, nestling at the foot of the grand old mountain from which it takes its name. Here were distributed baskets of California's choicest fruits, to serve as a dessert to the barbecue.

The return was made by way of the San Ramon and Amador Valleys, and through the Dublin Canyon, arriving in Oakland in ample time to return to San Francisco for dinner.

On Monday morning, June 25, the following clinics were held:

Fabiola Hospital: Pernicious Anemia, H. Z. Giffin, Mayo Clinic, Rochester, Minn.; Carcinoma of Descending Colon, Daniel Crosby, Oakland, Calif.; Demonstration of a New Fracture Table, W. L. Bell, Oakland, Calif.

Samuel Merritt Hospital: Urography as a Means of Urological Diagnosis with Discussion of Cases, William F. Braach, Mayo Clinic, Rochester, Minn.; Retroversion of the Uterus, S. H. Buteau, Oakland, Calif.

Providence Hospital: Tumors of the Breast, Jabez N. Jackson, Kansas City, Mo.; Methods and Results of Fecal Examinations for Intestinal Protozoa, Dr. Charles A. Kofoid, University of California, Berkeley, California.

On Tuesday, June 26, the following clinics were held:

Fabiola Hospital: Protein Sensitization as Cause of Disease, W. W. Duke, Kansas City, Mo.; Ulcer of Stomach—Diagnosis and Disease, Robert Coffey, Portland, Ore.

Samuel Merritt Hospital: Diagnosis of Diseases of the Gall Bladder, also Pictures of Gastric Ulcers, Max Einhorn, New York; Post-Operative Embolism, Charles A. Dukes, Oakland, Calif.

Providence Hospital: Osteomyelitis and Tumor of the Bone, Dean Lewis, Chicago; Treatment of Diabetes with Insulin, W. D. Sansum, Santa Barbara; Tuberculosis, Kennon Dunham, Cincinnati.

No movement has been developed in medical organization work of greater value than these well planned, organized and conducted diagnostic clinics. Every physician who attended the clinics in the Oakland hospitals, as well as San Francisco, expressed the greatest satisfaction with the results. Patients will secure better care and the cause of better medicine and public health be definitely advanced by making this movement, started at the California session, a permanent feature of A. M. A. meetings.

## RADIOTHERAPY OF TUBERCULOUS LYMPH NODES\*

By PHILIP H. PIERSON, M. D., San Francisco

Tuberculosis, even if it appears to be located solely in lymph nodes, the eye, ear, mouth, lungs, abdomen, genito-urinary system, or bones, must be considered as only the local manifestation of a potentially diffuse condition. And so when we turn our attention to the treatment of tuberculous glands, we must not forget the type of disease with which we are dealing and the reaction of the individual to this focus. Theoretically and practically, radiotherapy—and I will chiefly discuss x-ray—is particularly adapted to tuberculous glands, for it produces both a local and general reaction.

First let us consider the pathological histology of a tuberculous gland. The tubercle bacillus gains entrance to the cervical glands generally through the tonsils, lymphatics of the pharynx, or diseased teeth roots. The gland is the second line of defense. The growth of the tubercle within the gland structure is manifested by the attraction of lymphoid, plasma and giant cells, increase in the glandular tissue, and with the new blood vessels there is an increase in connective tissue within and about the gland. If the resistance of the individual is low in comparison with the virulence of the organism, the gland enlarges with this stroma and cellular structure. Nature's effort is to wall off and encapsulate the focus with connective tissue. The growth of this tissue shuts off the blood supply to the central portion of the gland and caseation takes place. In healing, this is replaced by fibrous tissue and ultimately calcification, or if resistance to the disease decreases it may, because of ferments within, break down and form a sinus. The anatomical importance of this defense zone is appreciated if we agree with some investigators—Van Zwaluwenburg and Grabfield among others—that one path of infection to the lungs lies from tonsil to cervical lymph glands and thence to apical pleura and lung. Apical pleurisy has been said to exist in 10 per cent of all chest rentgenograms, in 93 per cent of all cases showing tuberculous deposits in the faucial tonsils and in 59 per cent of those showing tuberculous cervical adenitis.

The reason for saying that radiotherapy, especially x-ray, is particularly adapted to the treatment of tuberculous glands is because glandular and lymphoid tissue in general is more amenable to the x-ray than is other tissue. To correctly understand x-ray therapy a few words should be said in regard to these rays. The range of wave lengths included in the term x-ray is greater than the total range of the visible spectrum—red to violet. The shorter x-rays, also termed hard rays, vibrate with greater frequency than the longer and softer rays. The hard rays penetrate to the deeper structures while the softer rays have more influence upon the skin. For treating glands, which in some instances lie a considerable distance, several centimeters, beneath the skin, the softer

rays must be cut out, and this is done by the use of aluminum filters. Consequently a dose of x-ray may be given to the deeper structures without the danger of skin burns. Another factor of considerable importance is that small doses stimulate the formation of connective tissue and favor the absorption of hyperplastic tissue, while large doses tend to destroy all tissue. As the object is to do what nature herself is trying to do, but in a shorter time, in general it is indicated to give these stimulating small doses of hard rays at shorter intervals—one to two weeks apart.

It is very natural to divide tuberculous glands into three groups, (1) the non-suppurating hyperplastic glands frequently found in children and very amenable to treatment, (2) closed suppurating or partly caseous lymphomas, and (3), open, suppurating, and partly caseous lymphomas. In glands that are purely tuberculous, while not as common in the cervical region in adults as in children, this form of treatment is most promising, and they should never be operated upon until x-ray, rest, and intensive hygiene have been tried. If with these small doses the central portion does soften, it will be very satisfactorily walled off, and a small incision or aspiration may be done to evacuate the caseous material. With continuance of x-ray even this gland will be replaced by fibrous tissue and only a small nodule will remain. If not unsightly and if completely enveloped, I think this residual left in the system may be a very beneficial factor for "auto-tuberculin." If at some later time it seems advisable to remove this small nodule, an almost insignificant scar will remain.

If presented with a gland, or group of glands, starting to suppurate, x-ray should be used first to wall off the gland, and so lessen the tendency to spread as the result of, or in spite of, the operation. The third type of lymphoma where little is left of the original gland and the sinus communicate with a mass of matted tissue, x-ray in stimulating doses destroys much of the granulating exuberant tissue and favors healing.

One criterion as to the success of radiotherapy as compared with surgery or tuberculin is the number of recurrences, local or in other parts of the body. Wolgemuth states that with hygiene alone about 24 per cent are permanently cured. Jones using tuberculin in 79 cases found that 27 were cured, 21 much better, 18 better, 8 not improved and 4 worse, and concluded that tuberculin was probably helpful when combined with hygiene, rest, good food, etc. Van Noorden reported 28 per cent of his surgical cases showed tendency of tuberculosis elsewhere, and Bos that 26 per cent developed phthisis, and 14 per cent tuberculosis elsewhere. Tichy compared 31 cases operated upon, among whom 26 per cent did not recur as against 74 per cent which did, with 27 cases treated with x-ray in which series 89 per cent had no recurrences and 11 per cent reappeared. In a small series of 20 cases treated with x-ray Fritsch found 8 cured, 10 materially improved and still under treatment, one relapsed and one died with general tuberculosis. Molyneux has used radium

\* Read before the San Francisco County Medical Society, November, 1922.

and feels that the outlook with this form of treatment is so uniformly good that surgery and prolonged periods of rest are no longer necessary.

The chief difference between surgery and x-ray in the treatment of tuberculous glands is that, while at operation a considerable amount of the focus is removed, some tuberculous tissue is still left and the system is placed in a state of hypersusceptibility predisposing to a recurrence locally or elsewhere, while with radiotherapy the glands locally are shrunken and encapsulated and by this gradual stimulation "auto-tuberculin" is manufactured, thereby favorably influencing any focus elsewhere.

In looking over the cases we have had at Stanford treated by radiotherapy I find instances of tuberculosis involving glands in the following regions: Cervical, mediastinal (pointing in a cold abscess beside the sternum), a chain of tuberculous lymphatics extending from the mid-clavicle down almost to the breast in a woman showing no evidence of mastitis, and this I think is a very unusual location for tuberculous glands, axillary, and inguinal following genito-urinary tuberculosis. In practically all of them there was diminution in the size of the glands with increased fibrous tissue surrounding them. In the case of the lymphatics on the chest wall they were later removed because their pressure on the ribs caused distress. Another case of cervical glandular tuberculosis with an apical lesion has shown distinct healing in the lesion as well as locally. A very important complication in cervical tuberculous adenitis is a pus focus in the teeth or tonsils. As this secondary infection naturally drains into the same glands, its presence is a handicap in the healing of the tuberculous infection. Frequently certain glands in a group will subside and others will not and the latter will subside more quickly when the pus focus is removed.

Radiotherapy has been used by Hubeny and others in the treatment of the tuberculous tracheo-bronchial lymph nodes, but here we may cause a pulmonary fibrosis which is not advantageous. In treating children care must be exercised not to include the thymus or other internally secreting glands as a thymic death was reported in one instance.

In conclusion: The advantages of radiotherapy over surgery are, (1) a local as well as general beneficial effect is produced in all three types of glands, thereby always justifying its use in place of, or at least prior to, surgery; (2) the individual is not left in a state of hypersusceptibility by radiotherapy; (3) no anesthetic is necessary; (4) very little or no operative scar is left; (5) no pain is connected with the treatment; (6) less likelihood of extension and recurrence; (7) the individual can continue at work and thereby save considerably in the economic aspect of his illness. Its chief disadvantage is the time element, in that several months are generally necessary in adults, while less time is required in children. A word of caution is also advisable, (1) small doses of short rays properly filtered are preferable to the larger doses; (2) do not neglect general hy-

gienic treatment, for tuberculous adenitis is a local manifestation of a lowered resistance to a diffuse infection; and (3) be sure to remove pus foci which drain into the cervical region, for where there is secondary infection, radiotherapy is less successful than with pure tuberculosis.

516 Sutter Street.

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**Characterization of Various Forms of Endocarditis**—The bacterial and the indeterminate groups of cases of endocarditis are discussed by Emanuel Libman, New York (Journal A. M. A., March 24, 1923). The indeterminate group consists essentially of two types of cases: (1) an atypical form of verrucous endocarditis, and (2) those cases usually described as terminal. By the atypical variety is meant the form of endocarditis in which the Aschoff body is said to be the characteristic lesion of the disease, the case being of rheumatic origin. Of cases clinically recognized as rheumatic fever and exhibiting at postmortem examination the typical verrucous lesions, only eighteen out of fifty-six exhibited Aschoff bodies. The clinical histories of the other thirty-eight cases made it clear that many of them at least were cases of true rheumatic fever. It is evident, therefore, that not all cases of rheumatic fever are accompanied by the specific lesion. Besides those cases that present the clinical picture of rheumatic fever and the typical verrucae on the valves, but not Aschoff bodies, there exists a group of cases presenting more or less the clinical picture of rheumatic fever (with perhaps a greater tendency to the occurrence of purpura and erythema), not showing Aschoff bodies at the postmortem examination, and accompanied by lesions on the valves which do not correspond to those usually found in rheumatic fever. Bacteria have thus far not been found in the vegetations of this group. It is possible that some of them represent unusual types of vegetation of rheumatic origin. In fatal proved cases of rheumatic fever studied by Libman, the tricuspid valve was involved in twelve of eighteen cases, or more than 66 per cent. Of fifty-six cases classed clinically as rheumatic and showing typical vegetations at the postmortem examination, but without Aschoff bodies, thirty-one were accompanied by vegetations on the tricuspid valves. In cases of acute bacterial endocarditis, the right side of the heart (tricuspid or pulmonary valves, or both) was found involved in fifteen out of fifty-six cases, or 26.8 per cent. The mitral valve was affected more often than the aortic, the same holding true of cases of subacute bacterial endocarditis. In cases of the latter disease, the right side of the heart was involved once (tricuspid) in more than one hundred hearts, and the lesion was slight. The atypical cases involve the right side of the heart frequently, in one instance the pulmonary valve being affected. This valve was not found affected in any definitely proved case of rheumatic fever. Terminal endocarditis appears to be a disease of the left side of the heart, the mitral valve being the usual seat of the disease. Other clinical phases of endocarditis are considered by Libman, and in closing he says that it is evident that the disease which was considered rare, subacute bacterial endocarditis, is now recognized as one of the common diseases. It was supposed to be a practically uniformly fatal disease. Now more and more often partial or complete recoveries are noted. Very mild cases exist, and there is a recurrent form of the disease. In other words, the interest is shifted toward the question of healing. It will be of the greatest value if an active campaign is undertaken for the purpose of preventing this as well as other forms of endocarditis.



## TRICOPHYTOSIS \*

Three patients in one family (case reports).

By EDWARD D. LOVEJOY, M. D., Los Angeles

Trichophytosis or epidermophytosis, as we name the infection produced by one variety of the tinea fungus, is now easily recognized, and many cases previously diagnosed eczema are now found to belong to this group.

The reason for the present paper is to report a familial outbreak of the infection, for while we all see many cases, reports of the infection spreading through a family are of much rarer occurrence. According to Dr. White the sources of infection are: "The use of dirty, sweat-soaked, ill-kept athletic clothes and the intimate contact with clothing of animal origin." This has been frequently demonstrated, and as regards foot infection we might add coco mats and the floors of lockers and dressing rooms. One factor which undoubtedly plays a large part in the spread of the infection is the condition of the skin, skin softened by hot water, sweat and friction, with the consequent removal of the horny layer, being much more susceptible. This is proved by the common locations of the disease, the interdigital spaces, the axilla and groin, the hands, which are kept dryer and exposed to the air being less frequently attacked. According to recent work done by Dr. Greenwood, the fungi shows on cultivation two forms, the vegetative and the spore formation, the former being the growth found in scrapings and dried vesicles taken from the lesions. The cultures are grown at room temperature, but with considerable difficulty, and identification of the various genera cannot be made from the mycelial threads alone, so while we diagnose certain tinea lesions as due to the epidermophyton inguinale the diagnosis is based on clinical appearance rather than cultural growth.

Considering these facts the question arises, what form of the fungus resides in infected material? All objects so far recognized as the retaining host are dry at least part of the time, which fact would lead to the conclusion that we would find a spore form, and that a retaining host must exist is sufficiently proven by the histories of the cases.

The first patient seen was the mother, Mrs. W., referred to by Dr. Howard Morrow; family history and general examination unimportant.

The disease was present on both hands, the lesions occurring between the fingers, covering about half the proximal phalanx, but much worse on the palms where infiltration and fissuring rendered them quite painful, and interfered with her housework. This had been present about one year, no marked lessening of the outbreak having occurred, probably on account of the irritation kept up by her work. The fungus was found in the older border vesicles.

The daughter had contracted the infection at about the same time. The lesions covered a smaller area, being practically confined to the fingers. The

interdigital spaces between the second and third, and third and fourth fingers were involved in the right hand—one only on the left, but the tips of the second and third fingers of both hands were deeply fissured and painful, closely resembling an eczema. There was a mild hyperidrosis of the hands. Fungus was present.

The son gave a history of infection of both feet and hands of five years' duration contracted while he was away from home. Said he had had a good deal of treatment which did no good, and came in the office on account of an attack of pityriasis rosea. The epidermophytosis he looked upon as incurable, and except for occasional itching it gave him but little inconvenience. Examination showed lesions between two toes on the right foot, skin white, slightly sodden, itching little or none; both hands involved between the fingers and extending slightly onto the backs, skin dry, scaling, slightly more itching than on feet. Several slides were examined before the fungus could be found.

Here, undoubtedly, we have two cases infected from a third, and as far as can be shown by the histories a roller towel was the retaining host. This towel was, however, used by all members of the family, and yet the father and other daughter at no time showed any lesions. All three cases responded readily to treatment, and after a period of fifteen months for the first two and eight months for the third have not recurred.

These cases, as well as the isolated ones, open up a field for further cultural study and examination of possible infected material, with the object of ascertaining in what form the epidermophyton is retained in clothing, towels, etc., and also if there are other sources of infection at present unknown, but until this has been discovered the best we can do is to treat the cases as they occur.

In the cases of tinea circinata we not only recognize the fungus; but also know that household pets are the source of origin and so are able to control the outbreak, but in epidermophytosis much evidence yet remains to be collected.

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**The Pork Barrel in the Offing**—"In the State of New York," points out the Columbus Dispatch editorially, "it has been proposed to subsidize physicians in rural communities where modern conditions are alleged to have left the people without adequate medical aid. A committee of five physicians, appointed to investigate and report on the situation, has reported to Governor Smith that matters are not nearly so bad as a superficial consideration would suggest.

"In districts where a less number of physicians are now in practice, it is found that in many cases there has been a decrease in population also, so that the numerical ratio has not been seriously altered. Still further, the prevalence of disease is less than in former times, and with the aid of the automobile and improved roads, the physician can care for a larger number of patients than before.

"The committee therefore advises against any subsidy plan as unnecessary, and alleges that in Pennsylvania, where such a system has been tried, it has failed to do any good from the medical point of view, and the distribution of the subsidy has degenerated into a matter of 'pork barrel' politics."—From report of Committee on Medical Economics, Ohio State Medical Journal, May, 1923.

\* Presented to the Section on Dermatology and Syphilology at the Fifty-second Annual Session of the California Medical Association, San Francisco, June, 1923.

## EDITORIALS

### WHAT IS NAPRAPATHY?

The Journal is not infrequently asked this question. We will answer it by quotations from "The Pacific Naprapath," published apparently by one "Dr." H. D. Reynard. The opening article in Vol. 1, No. 1, is by "Dr." Oakley (not Dudley) Smith, "founder and president of the Chicago College of Naprapathy." The leading editorial states: "If I were speaking to the readers of this paper in a group and should mention some object with which they were all familiar, it is very improbable that any two would think of it in the same way. Take the word organ, for instance, one would immediately think of the great pipe organ in their church; another, the little organ down at the Mission; still another, the little parlor organ they had at home when a child, or if some one happens to be a student of anatomy he thinks of the organs of the body, organ of hearing, seeing, breathing or some other of the bodily organs." Some of the questions and answers published on page five are: "Does naprapathy teach that displaced vertebrae cause disease? No, because naprapathy has proven in laboratory and clinic that vertebrae do not become displaced, or get out of place. On the contrary, they get too much in place, are drawn too closely together. Does the naprapath 'adjust' the vertebrae? No, he uses the vertebrae as levers to stretch shrunken and contracted ligaments. Does naprapathy teach that the nerves are pinched by the bones of the spine? No. It teaches that the nerve function is impaired by the contraction of the connective tissue through which the nerves pass. Naprapathy teaches that the real disease is the shrunken ligament, and that conditions in the body heretofore believed to be disease are but the symptoms of the real disease in the ligament, THE LIGATIGHT, the predisposing cause."

Now if you don't know what Naprapathy is, ask one of your friends to get you a copy of the pamphlet referred to and study the illustrations.

### IMPROVEMENT IN MEDICAL EDUCATION AND LICENSURE

The Journal of the American Medical Association in a recent number published the annual statistics regarding the conditions governing licensure for those who treat the sick in all states of the United States. There is much that is encouraging in these figures. Nearly 80 per cent of all licenses issued during last year were to graduates of Class A medical schools. The gain in this respect has been healthy and gradual year after year and conditions seem to be favorable for further gains. There are some sad situations in a few states. Connecticut and Arkansas are almost open shop for the licensure of the poorly educated and some of those licensed last year apparently had not even made gestures at education. Of the seventy-four osteopaths licensed as physicians and

surgeons last year in the entire United States, forty-eight were licensed in California, thirteen in Massachusetts, eight in Colorado and five in Texas. These licentiates, graduates of colleges seriously deficient in instructional facilities, were given by law all the responsibilities of doctors of medicine, including the right to prescribe narcotics and alcohol. Let us hope in the interest of the health and happiness of their public that some of them at least will make up their educational deficiencies and not rest too heavily upon their political title.

The statistics do not go into the problem of the licensure of the great variety of sects who claim to believe they can "cure" disease by some sort of hocus-pocus without a knowledge of the anatomy, physiology and chemistry of the human body and the natural history of disease. Nor do the statistics include those "doctors" who are above the law, who treat alleged diseases by alleged superior contact with God and who "heal" (?) without special education, without authorization by law, without regulation and without taxation.

### NEW YORK TAKES ANOTHER STEP IN THE SOCIALIZATION OF MEDICINE AND PUBLIC HEALTH

Physicians have watched with interest the progress of the "State medicine" program promoted by public health organizations of New York. According to their own publication, their program of "health centers" failed to pass the legislature in 1920 and 1921 because of the opposition of physicians. The last legislature passed a law providing "that when any county containing no first or second-class city should undertake a new public health project and make an appropriation therefor, either for small hospitals in rural districts or for public health activities of any other kind, the State should appropriate a similar amount dollar for dollar. The State Commissioner of Health must certify that the work undertaken is necessary and in conformity with the standards of the Department of Health."

The State Board of Health congratulate themselves upon the success of this measure in the following ingenuous language:

"It is gratifying that the outcry over the imaginary dangers of 'socialism' and 'State medicine' has been absent from the whole course of this year's consideration of the question. On the contrary, New York State has quietly and rationally attacked a problem which equally exists in other parts of the country, and has taken a promising step in the direction of its solution. This has been accomplished amid good feeling through the application of the required amount of that American common sense which meets new conditions with concrete and expedient measures, and does not stop to worry too much about the abstract economic implications."

Many of the men in authority at the New York State Board of Health headquarters are well-known physicians. Some of them are also well versed in State politics of which they are an essential element. They are not unknowingly misleading them-

selves and they, of course, know that they have not and will not succeed in converting physicians to believe in State medicine. We doubt if their educational training and experience will permit them to believe that their movement will prove of practical benefit to the people of the state. In fact, they intimate as much in their statement, which pronounces their new law an "expedient measure."

#### GRADUATE INSTRUCTION

An interesting and important movement in the cause of better medicine is described in an address by T. C. Routley, published in this issue of the JOURNAL. Doctor Routley, who is secretary of the Canadian Medical Association, was a guest of the California Medical Association, and gave his address by invitation.

It is believed that officers, program committees, and members of county medical societies will be encouraged and gain inspiration from careful reading of this address.

Other medical organizations have attempted to develop along similar lines, but so far as we know none has laid its plans so carefully or followed them out so successfully as Canada. Papers, addresses, and clinics by voluntary action of members have been offered to county societies in California for some years, and some progress has been made in developing the plan. But we have not attained the success that the importance of the movement deserves. Would it not be a splendid thing to catch the spirit and enthusiasm outlined for us by Dr. Routley and apply it in California?

County societies that are interested will be met in a sympathetic manner if they will write to Emma W. Pope, secretary California Medical Association.

#### WHAT DOES THIS PORTEND?

The following is taken from an address by a Professor Freeman, M.D., of the Johns Hopkins School of Public Health delivered at the New York health officers' conference. This abstract and more of this speech is published in the weekly bulletin of the California Board of Health:

"It seems probable that for rural areas at least medical health service of the future will center about the county hospital. Such a hospital, with a whole-time staff on a salary basis, with its attached out clinics, will be the chief source of medical service. To it will come all the seriously sick of the county, all maternity cases, all obscure chronic complaints, for diagnosis by every available means and for treatment, the best that can be had. Out from the hospital will go the visiting nurses, covering the whole county, doing what we know as public health nursing as well as ordinary visiting nursing, if there is any distinction between the two. The private practitioners of the county will be mainly concerned with the health supervision of their patients. They will probably be paid on an annual fee basis and will have approximately 1000 patients each. Everyone will be under constant supervision.

There will be no need of much of what we ordinarily call health work. It will be the routine, normal activity of the whole medical service. The medical director of the county will be in charge of the whole organization, under a board of trustees. The whole will be supported in part from State and local funds, but largely from the payments of patients. The savings in medical and surgical fees which would result from having a single consulting physician and a single surgeon, kept constantly busy with an even flow of material, instead of having several practicing over a large area and spending most of their time going to and fro as at present, 'would be great.'"

This speech was not delivered in Moscow, but in New York. There were other addresses of the same general trend, although they did not go quite so far nor were they quite so frank in the statements of purpose. Recently, another public health specialist from New York was paid to come to San Francisco and "survey" the hospital and health field. He recommended that the San Francisco County Hospital be opened to patients who can pay small fees. This, of course, would be an important practical step in developing the program so frankly outlined by Professor Freeman.

#### UTAH MEDICAL ASSOCIATION

Beginning with the August, 1923, number, the Journal of the California Medical Association became the official organ of the Utah Medical Association. The Journal has been the official organ of the Nevada Medical Association for more than a year.

Each of these two States will have an associate editor on the Journal, and the combined representation of the three State organizations gives to the Journal increased circulation, and increases its field of usefulness in every way.

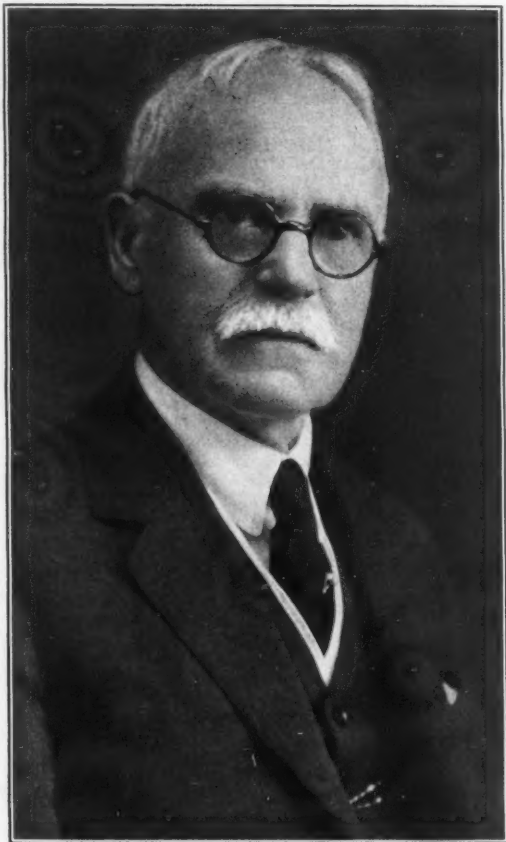
The contact with the Utah Medical Association is shown in the following abstract from the minutes of their council:

"At our last meeting it was suggested to use the California State Journal of Medicine as our official organ instead of Northwest Medicine. The House of Delegates referred this matter to the council to investigate with power to act. After much deliberation, we have unanimously decided the best interests of the members of the Utah State Medical Association can be obtained through the adoption of the California State Journal of Medicine, which is recognized as an ideal medical journal, and was so exhibited at a recent meeting of the American Medical Association. Therefore, commencing with August of this year, you will receive your first issue of this magazine.

With this change goes also the appointment of an associate editor and, after counsel with your president, we have chosen a man whom we feel will fill this position in a creditable manner for this association, and we trust the secretaries of the component county societies will feel free to furnish the associate editor with all locals which will be of interest to the medical profession."



## STATE SOCIETY



GRANVILLE MacGOWAN, President-Elect.

### MINUTES OF THE HOUSE OF DELEGATES, FIFTY-SECOND ANNUAL SESSION OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

#### First Session

Held at the Civic Auditorium, San Francisco, California, Friday evening, June 22, 1923, at 8 p. m.

**Roll-Call**—Rene Bine of San Francisco, in the absence of the acting associate secretary, was requested to call the roll.

Harlan Shoemaker, secretary of the Los Angeles County Medical Association, advised the house that the resignation of Granville MacGowan of Los Angeles as delegate from the Los Angeles County Medical Association had been received in his office too late to be forwarded to the State Society in time for this meeting. He then presented the resignation of Granville MacGowan, which was unanimously accepted by the House of Delegates.

Seventy-one (71) delegates were seated, and the president, H. G. Brainerd, declared a quorum present.

**Report of the President**—The report of the president having been presented to the general sessions was considered presented to this body.

**Appointment of Reference Committee**—The president appointed the following reference committee: Rene Bine, San Francisco, chairman; Joseph M. King, Los Angeles; George W. Walker, Fresno, and

Hartley F. Peart, general counsel of the Society, ex-officio.

**Report of Committee on Scientific Program**—The secretary, as chairman ex-officio of the Committee on Scientific Program, submitted the following report:

The activities of the Committee on Scientific Program are shown in the complete program of the meeting, which was published in the June number of the California State Journal of Medicine. While it is required that the chairman of the committee report to the House of Delegates on the work of his committee, there is no reason for it, as the activities of this committee are published in full in the Journal and speak for themselves.

The Program Committee wishes to state that there was some difficulty in arranging the program this year because of the short time allowed for the meetings of the State Society and because of the meeting of the A. M. A., nevertheless the program was arranged and published in the Journal.

On motion of John C. Yates, San Diego, seconded by Fred R. De Lappe, Modesto, the report as submitted by the chairman was approved, and the president declared the report accepted.

**Report of the Auditing Committee**—Rene Bine of San Francisco, chairman of the Auditing Committee, presented a brief report, stating that the statements and audits which were made by a firm of certified public accountants once a year, would be laid on the table for any one to see if they so desired. The report as submitted was accepted by the House of Delegates.

**Report of Committee on Expert Medical Testimony**—Gayle G. Moseley of San Francisco, chairman of the Committee on Expert Medical Testimony, stated that his committee had no report to make and that he did not know his committee was still functioning.

**Report of Committee on Ideal Fee Schedule**—Emmet Rixford of San Francisco, chairman of the Committee on Ideal Fee Schedule, not being present, no report was submitted by this committee.

**Report of Committee on Local and State Expenditures for Medical and Sanitary Measures**—Thomas J. Cox of Sacramento, chairman of the Committee on Local and State Expenditures for Medical and Sanitary Measures, having died last year, no report was submitted by this committee.

**Report of Committee on Codification of Constitution and By-Laws of the Medical Society of the State of California**—The secretary, as chairman of this committee, stated that the committee had been appointed two years ago; that it had prepared a constitution and by-laws, which had been published in the State Journal twice during the past year and would be voted upon by the House of Delegates tomorrow afternoon.

The secretary further stated that the proposed constitution had been submitted to the Council on Legislation, the Judicial Council, the secretary and the general manager of the A. M. A., and was also submitted to various men of the State, who study organization matters, and has the unqualified approval of every man who has seen or had anything to do with it. The committee hopes that you will look it over carefully and be prepared to vote upon it tomorrow.

**Report of Committee on Industrial Accident Insurance Work**—James H. Parkinson of Sacramento, chairman of the Committee on Industrial Accident Insurance Work, submitted a final report on the work of his committee as published in the August Journal.

**Report of the Secretary-Editor**—W. E. Musgrave of San Francisco, secretary-editor, submitted the following report:

I have prepared no report, as Doctor Parkinson, in the report of the Council, has already covered the activities of the State office, and the State Journal speaks for itself. The Publicity Bureau,

Council and the editor have tried to improve the Journal with each number.

I want to include in this report what we have done to carry out the policy you approved in Yosemite last year; that is, to spread the Journal over a larger territory. Acting under such instructions, we have made contact with the Nevada State Medical Association by which our Journal is the official organ of that association; and the members of that association are paying, through their secretary, in a lump sum, \$2 per year; and they have appointed an associate editor for their association.

Within the last few days, the Utah Medical Association has made our Journal their official organ, and has appointed an associate editor for their association.

On motion of John C. Yates, San Diego, seconded by Wood C. Baker, San Mateo, the Reference Committee was instructed to prepare a resolution commending the secretary-editor, and the president declared the motion unanimously carried.

**Report of the Legal Department**—The report of the Legal Department having been presented at the general sessions by the general attorney, Hartley F. Peart, was considered presented to this body.

**Unfinished Business**—There was no unfinished business to come before the meeting.

**New Business**—In accordance with the rules of the Society, the following resolutions were presented and referred to the Reference Committee. For text of these resolutions and final action by the House of Delegates, see minutes of the second session.

**Resolution No. 1. Termination of Medical Defense.** Presented by the Council.

**Resolution No. 2. Medical Defense for New Members.** Presented by the Council.

**Resolution No. 3. Termination of Indemnity Defense Fund.** Presented by the Council.

**Resolution No. 4. Annual Dues.** Presented by the Council.

**Resolution No. 5. Harrison Narcotic Act—National Prohibition Act.** Presented by the Council.

**Resolution No. 6. Training of Veterans.** Presented by the Council.

**Resolution No. 7. Medical Service Cards for Industrial Accident Insurance Work.** Presented by the Council.

**Resolution No. 8. Bunnell Memorial.** Presented by the Council.

**Resolution No. 9. Alleged Post-Graduate Instruction.** Presented by the Los Angeles County Medical Association.

**Resolution No. 10. Industrial Accident Work.** Presented by the Industrial Accident Section of the Los Angeles County Medical Association and endorsed by the Section on Industrial Medicine and Surgery of the State Society.

**Resolution No. 11. Extension of Co-operation to U. S. Veterans' Bureau.** Presented by the Veterans' Bureau through the Council.

**Report of the Council**—There being no other new business, the president requested the chairman of the Council to submit a supplemental report on the work of the Council.

On motion of Rene Bine, San Francisco, seconded by Harlan Shoemaker, Los Angeles, the chairman was requested to read the full report of the Council, inasmuch as many of the delegates were not present at the general session when the full report had been presented.

James H. Parkinson of Sacramento, chairman of the Council, then submitted the report of the Council as published in the August Journal.

**Committee of the Whole**—On motion of Bine, San Francisco, seconded by Parkinson, Sacramento, and unanimously carried, it was resolved that, at

the conclusion of all business, the House of Delegates adjourn and re-convene as a Committee of the Whole.

**Adoption of Minutes**—The minutes of this session were then read, and, on motion of Parkinson, Sacramento, seconded by Bine, San Francisco, and carried, the minutes as read were approved.

**Adjournment**—There being no further business, on motion of Bine, San Francisco, seconded by Parkinson, Sacramento, the meeting adjourned to meet as a Committee of the Whole.

## MINUTES OF THE HOUSE OF DELEGATES, FIFTY-SECOND ANNUAL SESSION OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

### Second Session

Held at the Civic Auditorium, San Francisco, California, Saturday afternoon, June 23, 1923, at 2 p. m.

**Roll-Call**—Sixty-nine (69) delegates were seated, and the president, H. G. Brainerd, declared a quorum present.

**Place of Meeting, 1924**—The chairman of the Council announced that, by unanimous action of the Council, the invitations of the profession of Southern California, as extended by Doctor W. T. McArthur and the Los Angeles Chamber of Commerce to hold the 1924 meeting in Los Angeles, had been accepted, and that the date of the meeting would be set later by the Council.

### Election of Officers

**President-Elect**—Granville MacGowan of Los Angeles was nominated for president-elect by W. T. McArthur, Los Angeles. The nomination was seconded by Victor G. Vecki, San Francisco, and Joseph M. King, Los Angeles. On motion of James H. Parkinson, Sacramento, seconded by William H. Gilbert, Los Angeles, the nominations were closed, and the secretary cast the ballot, and Granville MacGowan was declared elected president-elect of the Society for 1923.

**First Vice-President**—William H. Strietmann of Oakland was nominated for first vice-president by Dudley Smith, Oakland. On motion of George H. Kress, Los Angeles, seconded by C. F. Welty, San Francisco, the nominations were closed, and the secretary cast the ballot, and William H. Strietmann was declared elected first vice-president.

**Second Vice-President**—Ruggles A. Cushman of Santa Ana was nominated for second vice-president by Paul E. Simonds, Riverside. The nomination was seconded by Harry E. Zaiser, Orange. On motion of A. J. Scott, Los Angeles, seconded by A. S. Granger, Los Angeles, the nominations were closed, and the secretary cast the ballot, and Ruggles A. Cushman was declared elected second vice-president.

**Secretary-Editor**—Emma W. Pope of San Francisco was nominated for secretary-editor by Thomas C. Edwards, Salinas. The nomination was seconded by Parkinson, Sacramento, on behalf of the Council, and by Joseph M. King, Los Angeles, on behalf of William E. Musgrave, San Francisco. On motion of Gilbert, Los Angeles, seconded by Bine, San Francisco, the nominations were closed, and the secretary cast the ballot, and Emma W. Pope was declared elected secretary-editor.

### Councilors

**Third District**—William M. Stover of San Luis Obispo was nominated for councilor for the Third District by George D. Kelker, Paso Robles, said nomination being seconded by F. E. Blaisdell, Santa Paula. On motion of Parkinson, Sacramento, seconded by Gilbert, Los Angeles, the nominations were closed, and the secretary cast the ballot, and William M. Stover was declared elected councilor for the Third District for the ensuing three years.

**Fifth District**—David A. Battie of San Jose was nominated for councilor for the Fifth District by

James B. Bullitt, San Jose, said nomination being seconded by F. H. Paterson, San Jose. On motion of Gilbert, Los Angeles, seconded by Harlan Shoemaker, Los Angeles, the nominations were closed, and the secretary cast the ballot, and David A. Beattie was declared elected councilor for the Fifth District for the ensuing three years.

**Sixth District**—Walter B. Coffey of San Francisco was nominated for councilor for the Sixth District by H. E. Alderson, San Francisco, said nomination being seconded by Vecki, San Francisco. On motion of Gayle G. Moseley, San Francisco, seconded by M. O. Austin, San Francisco, the nominations were closed, and the secretary cast the ballot, and Walter B. Coffey was declared elected councilor for the Sixth District for the ensuing three years to succeed himself.

**Seventh District**—Edward N. Ewer of Oakland was nominated for councilor for the Seventh District by Lemuel P. Adams, Oakland, said nomination being seconded by Sol Hyman, San Francisco. On motion of Parkinson, Sacramento, seconded by Vecki, San Francisco, the nominations were closed, and the secretary cast the ballot, and Edward N. Ewer was declared elected councilor for the Seventh District for the ensuing three years to succeed himself.

**Ninth District**—James H. McLeod of Santa Rosa was nominated for council or for the Ninth District by S. Z. Peoples, Petaluma, said nomination being seconded by Fred R. De Lappe, Modesto. On motion of A. M. Rogers, Los Angeles, seconded by Gilbert, Los Angeles, the nominations were closed, and the secretary cast the ballot, and James H. McLeod was declared elected councilor for the Ninth District for the ensuing three years to succeed himself.

**At Large (4)**—William H. Gilbert of Los Angeles was nominated for councilor-at-large by Walter Huggins, Los Angeles, said nomination being seconded by Harry Spiro, San Francisco.

William T. McArthur of Los Angeles was nominated for councilor-at-large by Donald Frick, Los Angeles, said nomination being seconded by A. J. Scott, Los Angeles.

Charles L. Curtiss of Redlands was nominated for councilor-at-large by F. H. Folkins, Redlands, said nomination being seconded by C. F. Welty, San Francisco.

George H. Kress of Los Angeles was nominated for councilor-at-large by A. S. Granger, Los Angeles, said nomination being seconded by C. F. Welty, San Francisco.

On motion of Dudley Smith, Oakland, seconded by Parkinson, Sacramento, it was resolved that the house proceed to elect two councilors-at-large from Los Angeles County, inasmuch as two must come from that county.

The president appointed Gayle G. Moseley, San Francisco, and P. M. Carrington, San Diego, as tellers. The following votes were cast: William T. McArthur, 59; George H. Kress, 52; William H. Gilbert, 23. The president declared William T. McArthur and George H. Kress elected councilors-at-large from Los Angeles County for the ensuing three years.

Rene Bine of San Francisco was nominated for councilor-at-large by Dudley Smith, Oakland, said nomination being seconded by Vecki, San Francisco. On motion of H. H. Lissner, Los Angeles, seconded by Emma E. McKay, Hollister, the nominations were closed, and the secretary cast the ballot, and Rene Bine was declared elected councilor-at-large for the ensuing three years to succeed himself.

Charles L. Curtiss of Redlands, having been previously nominated, was re-nominated for councilor-at-large by C. Van Zwahlenburg, Riverside, who also moved that the nominations be closed, said motions being seconded by F. H. Folkins, Redlands. The motions being unanimously carried, the secretary

cast the ballot, and Charles L. Curtiss was declared elected councilor-at-large for the ensuing three years.

**Member of Committee on Scientific Program**—F. M. Pottenger of Monrovia was nominated a member of the Committee on Scientific Program by Robert Day, Los Angeles, said nomination being seconded by A. M. Rogers, Los Angeles. On motion of Rogers, Los Angeles, seconded by Gilbert, Los Angeles, the nominations were closed, and the secretary cast the ballot, and F. M. Pottenger was declared elected a member of the Committee on Scientific Program for the ensuing four years to succeed himself.

**Delegates to the American Medical Association (2)**—The point was then raised that delegates elected at this time could not be seated under the rules of the American Medical Association, as the time for filing the names with the secretary had elapsed. The general counsel stated that, under these circumstances, it was best not to hold an election, but to allow the present delegates to hold over. The hold-over delegates are as follows: C. Van Zwahlenburg, Riverside, Riverside County; E. C. Fleischer, San Francisco, San Francisco County.

**Alternates to the American Medical Association (2)**—The hold-over alternates to the American Medical Association are as follows: Albert Soiland, Los Angeles, Los Angeles County; Walter C. Alvarez, San Francisco, San Francisco County.

**Report of Committee on Ideal Fee Schedule**—Emmet Rixford of San Francisco, chairman of the Committee on Ideal Fee Schedule, then read the report of his committee as published in the August Journal.

On motion of Parkinson, Sacramento, seconded by H. H. Lissner, Los Angeles, the report of the Committee on Ideal Fee Schedule as submitted was referred to the Council. The motion was unanimously carried.

**Report of the Reference Committee**—Rene Bine, chairman of the Reference Committee, reported for the committee as follows:

1. **President's Address**—The committee recommends that the various suggestions of the president regarding race betterment, legal enactments, State and National, and further immigration restrictions be referred to the Council for consideration.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendations of the Reference Committee be approved.

2. **Doctor T. C. Routley's Address**—The committee recommends that the question of "Graduate Instruction for Physicians in General Practice," as outlined by Doctor T. C. Routley in his address, be referred to the Council.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be approved.

3. **Report of the Council**—(a) Neglected Grave of First President: The committee recommends that the matter of the neglected grave of the first president, Doctor B. F. Keene, be referred to the Council with power to act. (b) Service Bureau: The committee recommends that this type of advertising be discontinued.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendations of the Reference Committee be approved.

4. **Resolution No. 1. Termination of Medical Defense:** The text of the resolution is as follows:

Whereas, The House of Delegates, at its regular annual meeting held at Yosemite, May 17, 1922, unanimously adopted a resolution directing the Council to make medical defense optional, the cost thereof to be met by separate assessment on the members desiring it; now therefore be it

Resolved, That medical defense be terminated as



of June 30, 1924, and that the Council is hereby authorized to effect, if possible, a blanket defense policy arrangement with one or more insurance companies, to be made optional for such members as desire such protection, and thereby retain for such members the services of the Society's legal staff; or, if such blanket policy plan is not found practicable, to arrange and submit to the membership, a plan optional to each member to retain the Society's legal staff.

Action by the Reference Committee: The committee recommends that the resolution terminating medical defense and authorizing arrangements for a blanket policy for members desiring same, as presented by the Council, be adopted.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be approved.

**5. Resolution No. 2. Medical Defense for New Members:** The text of the resolution is as follows:

Resolved, That medical defense shall not extend nor be afforded to any person becoming a member of the Society on or after September 1, 1923, and that the secretary immediately forward a copy of this resolution to the secretaries of constituent county societies.

Action by the Reference Committee: The committee recommends that the resolution refusing medical defense for members joining after September 1, 1923, as presented by the Council, be adopted.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be approved.

**6. Resolution No. 3. Termination of Indemnity Defense Fund:** The text of the resolution is as follows:

Whereas, The Council, under instructions from the House of Delegates to present a plan to make medical defense optional, has conducted a canvass of the members of the Indemnity Defense Fund, being those members most interested in the subject of physicians' defense, in an effort to incorporate such Indemnity Defense Fund, but finds that such incorporation plan is not acceptable to a sufficient number of members to warrant further effort, and that it is not possible because of lack of support; now therefore be it

Resolved, That the Indemnity Defense Fund be discontinued as a Society undertaking at such time and upon such notice as the Council shall deem necessary for the best protection of its members, and the Council is hereby directed to accept no further memberships in the Indemnity Defense Fund.

Action by the Reference Committee: The committee recommends that the resolution discontinuing the Indemnity Defense Fund, as presented by the Council, be adopted.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be approved.

**7. Resolution No. 4. Annual Dues:** The text of the resolution is as follows:

Resolved, That the annual dues for the year 1924 be fixed at \$10 as for the previous year, with the expectation that a reduction will be made the following year.

Action by the Reference Committee: The committee recommends that the assessment for the year 1924 be fixed at \$10.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be approved.

**8. Resolution No. 5. Harrison Narcotic Act—National Prohibition Act:** The text of the resolution is as follows:

Resolved, That the Medical Society of the State of California respectfully petitions the Bureau of

Internal Revenue, and the Bureau of Prohibition Enforcement of the Treasury Department of the United States, that proposed regulations relating to the practice of medicine and the medical profession to be promulgated under the "Harrison Narcotic Act" and the "National Prohibition Act" be published and copies thereof furnished interested persons who have previously filed requests therefor with the proper department or bureau, and that such persons and any others interested be given an opportunity to submit any facts or information in their possession in relation to any proposed regulation to the proper department or bureau before any regulation or change in existing regulation is finally promulgated; and be it further

Resolved, That a copy of this resolution be sent to the President of the United States, the Secretary of the Treasury, the Commissioner of Internal Revenue, and the Prohibition Commissioner.

Action by the Reference Committee: The committee recommends that the resolution requesting the submission of changes in regulations to those interested before promulgating be adopted.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be approved.

**9. Resolution No. 6. Training of Veterans:** The text of the resolution is as follows:

Resolved, That the Medical Society of the State of California heartily commends and approves the action of Colonel Frank T. Hines, director of the Veterans' Bureau of the United States, in terminating any instruction or training of veterans of the World War in so-called chiropractic as an official function of the Veterans' Bureau. This in the interests of Public Health.

Action by the Reference Committee: The committee recommends that the resolution commending Colonel Frank T. Hines for improving the training of veterans be adopted.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be approved.

**10. Resolution No. 7. Medical Service Cards for Industrial Accident Insurance Work:** The text of the resolution is as follows:

Resolved, That it is the opinion of the Council of the California Medical Association that all Medical Service Cards should be the property of the insurance carrier and/or the employer where such card is displayed. It is also the sense of the Council that all the expense of providing Medical Service Cards should be borne by the insurance carrier and/or the employer; and be it further

Resolved, That it shall be considered unethical conduct on the part of any member of the California Medical Association to permit his or her name to appear on any Medical Service Card, unless the name of the insurance carrier and/or the name of the employer appears in bold type at the top of the Medical Service Card, and that no reading matter shall appear on the Medical Service Card with reference to the physician or surgeon, except his or her name, office location, and hours and telephone numbers; or to print, distribute, or use any Medical Service Card. It will be proper to have on the Medical Service Card the necessary hospital and ambulance service information; and be it further

Resolved, That all Medical Service Order Blanks shall have at the top of the card, "Medical Service Order of \_\_\_\_\_" and insert here the name of the insurance carrier and/or the employer. The Medical Service Order Blank should be printed in such manner as to clearly indicate that it is a Medical Service Order from the insurance carrier and/or the employer, and not a Medical Service Order Blank of the physician or surgeon himself.

Action by the Reference Committee: The committee recommends that the resolution presented by

the committee of the Council, specifying the form and manner of distribution of Medical Service Cards in industrial accident insurance be adopted.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be approved.

11. Resolution No. 8. **Bunnell Memorial:** The text of the resolution is as follows:

Resolved, That the Council recommend to the House of Delegates that a committee of three be appointed by the incoming president to investigate and consider the question of a memorial to commemorate the discovery of Yosemite by Doctor Bunnell, and that the committee report to the House of Delegates at the next annual meeting.

Action by the Reference Committee: The committee recommends the adoption of the resolution authorizing the appointment of a committee on proposed memorial.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be approved.

12. Resolution No. 9. **Alleged Post-Graduate Instruction:** The text of the resolution is as follows:

Whereas, It has repeatedly come to the notice of the Council of the Los Angeles County Medical Association that many irregulars of various cults have been and are being admitted, without discrimination, to the various surgical clinics, post-graduate schools, hospitals, and universities, in order to give a veneer to a very superficial education; therefore be it

Resolved, That the Council of the Los Angeles County Medical Association do hereby petition the House of Delegates of the Medical Society of the State of California to use its efforts to bring to the notice of the Council on Medical Education of the American Medical Association, the Bureau on Rating of Hospitals and Hospital Standardization of the American Medical Association, the American College of Surgeons and other allied institutions of learning, the continuous abuse of the privileges of the various clinics and hospitals throughout the East, by irregular practitioners, wherever located.

Action by the Reference Committee: The committee recommends that this resolution be referred to the Council for action.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the words "throughout the East" be stricken out in next to last line of resolution, and that with such correction the recommendation of the Reference Committee be approved.

13. Resolution No. 10. **Industrial Accident Work:** The text of the resolution is as follows:

Whereas, Industrial accident work by members of the profession of the healing art is complicated by many professional, social and political factors; and

Whereas, It is desired to have in operation in industrial accident work a system which will keep constantly in mind the peculiar conditions surrounding this class of work which conditions necessitate, if the work is to be carried on to the best advantage of the injured persons, the interest of the State at large, and the profession as a whole, a special organization or adaptation on the part of the members of the profession who wish to do this work; now therefore be it

Resolved, That it is the sense of the Industrial Accident Section of the Los Angeles County Medical Association that the system which has thus far had the sponsorship of the Medical Society of the State of California has been found to work out along fairly efficient and practical lines; and be it further

Resolved, That it shall be the policy of the State Society, acting through its various offices, to refer to the Industrial Accident Section of the State So-

cietly all matters under discussion and pertaining to or affecting the industrial physicians or surgeons of our Society, and that their advice and counsel is to be given first consideration before the proposal of enactment of any legislation pertaining to this branch of medicine; and be it further

Resolved, That it is the sense of the Industrial Accident Section of the Los Angeles County Medical Association that the general methods incorporated under the system now in vogue should not be changed, unless after the most serious consideration.

Action by the Reference Committee: The committee recommends that the resolution as presented by the Industrial Accident Section of the Los Angeles County Medical Association and endorsed by the Industrial Medicine and Surgery Section of the State Society be referred to the Council for action.

Action by the House of Delegates: After a full discussion by H. G. McNeil, chairman of the Industrial Accident Section of the Los Angeles County Medical Association; Thomas C. Myers of Los Angeles, Joseph M. King of Los Angeles, and James H. Parkinson of Sacramento, on motion of Joseph M. King of Los Angeles, seconded by Emma E. McKay of Hollister, and unanimously carried, it was resolved that the whole matter be laid on the table for a year.

14. Resolution No. 11. **Extension of Co-operation to U. S. Veterans' Bureau:** The text of the resolution is as follows:

Whereas, In State convention assembled it has been brought to our attention that, as a result of wounds received in battle and of sickness and injuries received in the Military and Naval Service of this Nation, the United States Government finds itself today with many thousands of men and women who are being given either medical treatment or vocational training; and

Whereas, The National Government is pledged to return these men and women to useful and gainful employment at the completion of their vocational training; and

Whereas, The Government must of necessity rely on organizations such as ours and on the membership as individuals to furnish the necessary employment as required; therefore be it

Resolved, That the Medical Society of the State of California willingly and gladly extends its co-operation to the United States Veterans' Bureau, and agrees to do its utmost in helping the bureau to secure employment for every disabled veteran rehabilitated under Government auspices, by requesting the members of this organization as individuals to extend preferential treatment to them as they become ready for employment; and be it further

Resolved, That a copy of this resolution be spread upon the minutes of this meeting, a copy furnished to the press, and a copy forwarded to the manager of the United States Veterans' Bureau, Twelfth District, 883 Market street, San Francisco, California.

Action by the Reference Committee: The committee recommends that the resolution be adopted.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be adopted.

15. **Report of the Committee on Codification of Constitution and By-Laws:**

Action by the Reference Committee: The committee recommends that the proposed constitution and by-laws as published in the Journal for September, 1922, and amended and republished in June, 1923, be adopted with the following suggested amendment to Chapter IX, Section 1 of the By-Laws: "Amend Chapter IX, Section 1, line 2, by striking out the word 'three-fourths' and substituting therefor the word 'majority'."

Action by the House of Delegates: After a full discussion by Harlan Shoemaker of Los Angeles, James H. Parkinson of Sacramento, Rene Bine of

San Francisco, Dudley Smith of Oakland, James H. McLeod of Santa Rosa, and Walter Huggins of Los Angeles, on motion of Rene Bine of San Francisco, seconded by James H. Parkinson of Sacramento, and unanimously carried, it was resolved that the word "three-fourths" in line 2, Chapter IX, Section 1 of By-Laws be changed to read "two-thirds"; and further resolved, that the constitution and by-laws as published in the June, 1923, issue of the California State Journal of Medicine and hereby amended be adopted.

#### 16. Instructions to Delegates to A. M. A.:

Action by the Reference Committee: The committee recommends that the matter of instructions to delegates to the A. M. A. be referred to the Council.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the recommendation of the Reference Committee be approved.

#### 17. Resolution Commending the Secretary-Editor:

Action by the Reference Committee: The committee recommends the adoption of the following resolutions prepared in accordance with instructions from the House of Delegates:

Whereas, Doctor W. E. Musgrave has, in the past, contributed to the finances of the Society by voluntary and gratuitous service, and by services of personal employees and office premises; and

Whereas, His best efforts have always been at the disposal of the Society; now therefore be it

Resolved, That the House of Delegates, on behalf of the Medical Society of the State of California, desires to express its sincere appreciation of the services already rendered by Doctor Musgrave in its behalf, as well as his expressed willingness to continue these services in connection with the expansion of the Society, now in progress;

Resolved, That this Society, recognizing the advances it has made in the past two years, believes that Doctor Musgrave's executive ability and keen discernment of economic problems endangering the welfare of the profession will be most valuable and helpful in all our activities.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the resolution submitted by the Reference Committee be adopted.

#### 18. Resolution of Appreciation to Mayor and City Officials of San Francisco:

Action by the Reference Committee: The committee recommends the adoption of the following resolution:

Resolved, That the Medical Society of the State of California hereby extends its hearty thanks to the Mayor, the Board of Supervisors, the Board of Public Works, and the Civic Auditorium officials of San Francisco for the use of the Auditorium, and for the uniform courtesies extended to the Society and its members at this meeting.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the resolution submitted by the Reference Committee be adopted.

#### 19. Resolution of Appreciation to the Press and Celestine J. Sullivan:

Action by the Reference Committee: The committee recommends the adoption of the following resolution:

Resolved, That the Medical Society of the State of California appreciates and thanks the press of San Francisco and the national news services for the accurate and informative reports given its proceedings at this meeting; and further extends its thanks and appreciation to Celestine J. Sullivan for his able services in connection therewith.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously re-

solved that the resolution submitted by the Reference Committee be adopted.

#### 20. Resolution of Appreciation to the San Francisco Convention and Tourists' League:

Action by the Reference Committee: The committee recommends the adoption of the following resolution:

Resolved, That the Medical Society of the State of California desires to express its thanks and appreciation to the San Francisco Convention and Tourists' League and its most efficient manager, Miss Mary Murphy, for invaluable aid and assistance afforded it in the conduct of this meeting.

Action by the House of Delegates: On motion, duly made and seconded, it was unanimously resolved that the resolution submitted by the Reference Committee be adopted.

**Presentation of the President**—Thomas Clay Edwards of Salinas, the incoming president, was escorted to the chair by Doctors Vecki and Kress. Doctor Edwards presented his inaugural address to the general sessions.

**Presentation of the President-elect**—The president stated that he wished to have the honor of escorting his old friend, Doctor Granville MacGowan of Los Angeles, president-elect, to the chair and asked Doctor Vecki to assist him.

**Adoption of Minutes**—The minutes of this session were then read, and, on motion of Parkinson, Sacramento, seconded by Bine, San Francisco, and unanimously carried, the minutes were approved.

**Resolution of Appreciation to President Brainerd**—On motion of McArthur, Los Angeles, and carried by acclamation, it was resolved that a vote of thanks be extended to President Henry G. Brainerd for his most valuable services in the chair.

**Adjournment**—There being no further business, the meeting adjourned to meet in Los Angeles at a time to be fixed by the Council.

### COUNCIL PROCEEDINGS

**Abstracts from the Minutes of the 137th, 138th, 139th and 140th Meetings of the Council of the California Medical Association, Held at San Francisco, June 21 to 23, 1923.)**

**Resolution on Passing of C. G. Kenyon**—The acting associate secretary read the following resolution as prepared by the committee appointed at the January meeting of the Council:

"Whereas, Almighty God has, in His inscrutable wisdom, taken from among us our friend and companion, C. G. Kenyon; and

"Whereas, Doctor Kenyon was elected vice-president of the Medical Society of the State of California in 1879 and has been an officer of the society continuously from that date up to the time of his death, having served as president of the society thirty years ago this year; and

"Whereas, Doctor Kenyon served as chairman of the Council for more than twenty years, where he gave unstintingly of his time, energy and best judgment for the benefit of his profession; and

"Whereas, Doctor Kenyon did not limit the field of his activities to medicine and surgery, but was always active in every effort to advance the best interests of the community in which he lived; therefore be it

"Resolved, That the medical profession of the State of California has lost a member who always stood for progress, honesty, and service; that the Council has lost a presiding officer of unusual integrity and ability; that the community has lost an able and most honorable citizen; that a loving husband and a kind and generous father has been called from the activities of this world; that the Council of the Medical Society of the State of California extends to the family of our deceased co-worker its deepest sympathy in this hour of their loss, and that a copy of these resolutions be spread



on the minutes of the Council, and that a copy be sent to the family of our deceased companion.

"T. C. Edwards, Chairman;  
"Frank H. Paterson,  
"C. Van Zwahlenburg."

On motion of Edwards, seconded by Paterson, it was resolved, that the resolution be adopted and spread on the minutes of the Council, and a copy sent to the family of Doctor Kenyon, and that the committee be discharged.

**Gorgas Memorial**—The Council was advised by the acting associate secretary that a report had been requested of the chairman of this committee, but that it had not been received. It was the sense of the Council that the president, who had appointed the committee, ascertain what action had been taken.

**Question of Dividing United States Into Territorial Districts**—The chairman of this committee, Paterson, advised that this matter had not been thoroughly investigated, but suggested that the Council advocate the grouping of California, Nevada, Utah, Colorado, Arizona, and New Mexico as a "Southwestern Territorial District," and possibly with the addition of the Hawaiian Islands. It was the sense of the Council that this report was too imperfect to consider and that the committee be continued. On motion of McArthur, seconded by De Lappe, the matter was laid on the table.

**Matter of Closer Co-operation Between the State Society and County Societies**—The matter of a closer co-operation between the State Society and the County Societies as presented by the secretary of the Los Angeles Medical Association was considered, and it was the sense of the Council that, when a representative of any section of a county society communicates in any way with the Council of the State Society, a copy of any reply made by the Council to such section shall be furnished the secretary of such county society.

**Confirmation of Appointment of Associate Editor for Utah State Medical Association**—The secretary then presented a letter from the Utah State Medical Association, advising of the appointment of W. R. Calderwood, M. D., Salt Lake City, Utah, as associate editor of the Journal, for the Utah State Medical Association. It was the sense of the Council that the appointment of W. R. Calderwood as associate editor of the California State Journal for the Utah State Medical Association be approved and confirmed.

**Disposition of Property Belonging to State Medical Society**—Saxton T. Pope, as chairman of this committee, stated that the librarian of the San Francisco County Medical Society had advised him that he was unable to compete with any bidders and regretted that the controversy had ever arisen. The chairman also stated that the Barlow Library had withdrawn its bid; that he had received no other bids; and that his committee recommended that the present arrangement with the San Francisco County Society be continued, with the proviso that such books as are necessary to the Journal be retained by the State Society.

William Duffield of Los Angeles stated that, inasmuch as he had originally bid for the Barlow Library, he now wished to withdraw the bid made by the Barlow Library. He also stated that the San Francisco County Library was paying all this property was worth, and further that the books and journals should be near the State Journal.

On motion of Bine, seconded by Paterson, it was resolved, that the report of the committee be accepted and the committee discharged, and that the San Francisco County Medical Library be advised as to the action taken.

**Annual Dues**—After discussion, on motion of Bine, seconded by Paterson, it was resolved, that the annual dues for the year 1924 be fixed at \$10, as for the previous year, with the expectation that a reduction will be made the following year.

**Medical Service Cards**—Gayle G. Mosely, chairman of the committee, presented the following resolutions on medical service cards and principles governing the distribution of such cards as prepared by the committee appointed by the Council at its last meeting:

"Resolved, That it is the opinion of the Council of the Medical Society of the State of California, that all medical service cards should be the property of the insurance carrier and/or the employer where such card is displayed. It is also the sense of the Council that all the expense of providing medical service cards should be borne by the insurance carrier and/or the employer; and be it further

"Resolved, That it shall be considered unethical conduct on the part of any member of the Medical Society of the State of California to permit his or her name to appear on any medical service card, unless the name of the insurance carrier and/or the name of the employer appears in bold type at the top of the medical service card, and that no reading matter shall appear on the medical service card with reference to the physician or surgeon, except his or her name, office location, and hours and telephone numbers; or to print, distribute or use any medical service card. It will be proper to have on the medical service card the necessary hospital and ambulance service information; and be it further

"Resolved, That all medical service order blanks shall have at the top of the card, 'Medical Service Order of \_\_\_\_\_,' and insert here the name of the insurance carrier and/or the employer. The medical service order blank should be printed in such manner as to clearly indicate that it is a medical service order from the insurance carrier and/or the employer, and not a medical service order blank of the physician or surgeon himself."

On motion of McArthur, seconded by De Lappe, it was resolved, that the resolutions be adopted as read, and that they be submitted to the House of Delegates for ratification and adoption; and further that, when such resolutions have been regularly adopted by the House of Delegates, copies be sent to the secretary of each county society and to Doctor Burks of Fresno; and further, that the resolutions be published in the State Journal, together with an editorial comment thereon.

**Legal Medicine and Legislation**—The general counsel then presented the following resolution, prepared by him under the direction of the Publicity Bureau and in accordance with the request of the A. M. A.:

"Resolved, That the Medical Society of the State of California respectfully petitions the Bureau of Internal Revenue, and the Bureau of Prohibition Enforcement of the Treasury Department of the United States, that proposed regulations relating to the practice of medicine and the medical profession to be promulgated under the 'Harrison Narcotic Act' and the 'National Prohibition Act' be published and copies thereof furnished interested persons who have previously filed requests therefor with the proper department or bureau, and that such persons and any others interested be given an opportunity to submit any facts or information in their possession in relation to any proposed regulation to the proper department or bureau before any regulation or change in existing regulation is finally promulgated; and be it further

"Resolved, That a copy of this resolution be sent to the President of the United States, the Secretary of the Treasury, the Commissioner of Internal Revenue, and the Prohibition Commissioner."

On motion of Van Zwahlenburg, seconded by Bine, it was resolved, that the resolution as submitted by the general counsel be adopted and submitted to the House of Delegates.

**Resignation of Associate Secretary**—The chairman then stated that, although the resignation of Howard

H. Johnson, M. D., as associate secretary of the State Society had been accepted by the Publicity Bureau and such acceptance confirmed by the Council when adopting the minutes of the Publicity Bureau, he felt that separate action should be taken by the Council in the matter.

On motion of Bine, seconded by Parker, it was resolved, that the resignation of Howard H. Johnson, M. D., as associate secretary of the State Society, as submitted to the Publicity Bureau and confirmed in its minutes, be accepted by the Council, and that a letter of regret and proper appreciation of his services be sent to Doctor Johnson.

**Place of Annual Meeting for 1924**—The secretary then presented invitations from the president of the Arlington Hotel, Inc., and the Los Angeles Chamber of Commerce, to hold the 1924 meeting in Santa Barbara and Los Angeles, respectively. He also presented an invitation from the Yosemite National Park Co. to hold the 1925 meeting in Yosemite. McArthur then extended an invitation in the name of the profession of Southern California to the Society to hold its 1924 meeting in Los Angeles.

On motion of Van Zwalenburg, seconded by Carrington, it was resolved, that the Council, on behalf of the Society, accept the invitation to meet in Los Angeles in 1924 as extended by Doctor McArthur on behalf of the profession of Southern California, the date of such meeting to be fixed later; and further, that the secretary be instructed to acknowledge the invitations received from the Arlington Hotel, Inc., and the Yosemite National Park Co.

**Committee on Codification of Constitution and By-Laws**—The Committee on Codification of Constitution and By-Laws reported that the constitution has been printed in the Journal twice during the past year and was now ready to be submitted to the House of Delegates for adoption.

On motion of Van Zwalenburg, seconded by Bine, it was resolved, that the constitution and by-laws as printed in the June, 1923, Journal be adopted and presented to the House of Delegates for consideration, ratification, and adoption.

**Bunnell Memorial**—The president presented a letter dated June 16 from Howard A. Kelly, M. D., Baltimore, Md., suggesting the erection of a memorial to Doctor Lafayette Houghton Bunnell in Yosemite Valley, Doctor Bunnell being the discoverer of the valley.

On motion of McArthur, seconded by McLeod, it was resolved, that the Council acknowledge the communication of Doctor Kelly as handed to it by the president, and that the Council recommend to the House of Delegates the authorization of a committee of three to be appointed by the incoming president to investigate and consider the question of a memorial to commemorate the discovery of Yosemite by Doctor Bunnell, and that the committee report to the House of Delegates at the next annual meeting.

**Reorganization of the Council**—On motion of Kress, seconded by Saxton Pope, James H. Parkinson of Sacramento was unanimously re-elected chairman of the Council for the ensuing year.

**Status of Officers Elected Under Old Constitution and By-Laws**—(a) Second Vice-President—The question of the status of the second vice-president as elected under the old constitution this afternoon by the House of Delegates was considered, inasmuch as the new constitution and by-laws does not provide for a second vice-president. It was the sense of the Council that Ruggles A. Cushman, Santa Ana, Orange County, be made an officer of the Society de facto for the ensuing year. The secretary was instructed to notify Doctor Cushman of the action taken by the Council.

(b) Secretary—The question of the status of the secretary elected by the House of Delegates this afternoon was considered, inasmuch as the new constitution and by-laws provides for the appointment of the secretary by the Council. It was the

sense of the Council that the election of Emma W. Pope, M. D., by the House of Delegates as secretary be confirmed, and Doctor Pope was thereupon duly elected secretary of the Society for the ensuing year.

**Appointment of Editor**—On motion of Kress, seconded by McArthur, it was unanimously resolved, that William E. Musgrave, San Francisco, be appointed as editor of the California State Journal of Medicine at a salary of \$1 per year, and that the secretary be instructed to notify Doctor Musgrave of his appointment.

**Termination of Medical Defense and Indemnity Defense**—The question of notifying the members of the Society and members of the Indemnity Defense Fund of the termination of medical defense and indemnity defense, as authorized by the House of Delegates at its meeting this afternoon, was fully considered.

On motion of Saxton Pope, seconded by McArthur, it was resolved, that the secretary be instructed to notify the members of the Association and the members of the Indemnity Defense Fund of the action taken by the House of Delegates this afternoon, and, at the same time, to return all powers of attorney held at the office; and further, that the secretary submit such form of notification to the Executive Committee for approval.

**Question of Blanket Defense Policy**—The general counsel then discussed the matter of negotiating with the insurance carriers for a blanket physician's defense policy covering the members of the Association, desiring it as a group, in conformity with the action of the House of Delegates.

On motion of Pope, seconded by McArthur, it was resolved, that the Executive Committee be authorized to ask for bids on a blanket policy from all commercial carriers licensed to issue and issuing physician's defense policies in California, on the basis of a minimum of 300 risks on behalf of such members of the Society desiring such coverage.

**Date of Next Council Meeting**—On motion of De Lappe, seconded by Carrington, it was resolved, that when the Council adjourns tonight, it adjourn to meet at the call of the chair in the early part of August.

**Report of Committee on Ideal Fee Schedule**—The report of the Committee on Ideal Fee Schedule as presented before the House of Delegates was considered.

On motion of De Lappe, seconded by McArthur, it was resolved, that the report of the Committee on Ideal Fee Schedule be referred to the editor of the State Journal.

**President's Address**—The Council considered the various suggestions of the president as contained in his address before the House of Delegates regarding race betterment and immigration restrictions.

On motion of Kress, seconded by De Lappe, it was resolved, that the president's address be referred to the Executive Committee for consideration and action.

**Graduate Instruction for Physicians in General Practice**—The question of graduate instruction for physicians in general practice as outlined by Doctor T. C. Routley, general secretary of the Canadian Medical Association, in his address presented before the general session, was discussed.

On motion of Kress, seconded by De Lappe, it was resolved, that the question of graduate instruction for physicians in general practice be referred to the Executive Committee for consideration and action.

**Grave of First President**—The Council then considered the matter of the neglected grave of the first president, Doctor B. F. Keene.

On motion of Kress, seconded by De Lappe, it was resolved, that the matter of the neglected grave of the first president, Doctor B. F. Keene, be re-

ferred to the Executive Committee for consideration and action.

**Bunnell Memorial**—The matter of the proposed memorial to Doctor Lafayette Houghton Bunnell in Yosemite Valley was again considered.

On motion of Kress, seconded by De Lappe, it was resolved, that the matter of the proposed memorial to Doctor Lafayette Houghton Bunnell in Yosemite Valley be referred to the Executive Committee for consideration and action.

#### MINUTES AND PROCEEDINGS OF SECTIONS OF THE FIFTY-SECOND ANNUAL MEETING OF THE CALIFORNIA MEDICAL ASSOCIATION.

(Only part of the Sections have submitted minutes. These are published.)

##### SECTION ON GENERAL MEDICINE

F. F. GUNDRUM, Chairman  
A. S. GRANGER, Secretary

The Section on General Medicine was held in Larkin Hall, Friday, June 22, 1923, at 2 p. m. Meeting called to order by the chairman, F. F. Gundrum. A short address by the chairman and the secretary's report were given. Alfred C. Reed of San Francisco, John V. Barrow and Verne Mason of Los Angeles were appointed by the chair as a nominating committee for the proposal of names for officers of the Section for the ensuing year.

George Knapp Abbott presented a paper on "The Adult Equivalent of the Froelich Syndrome"; discussed by Sansum, Gundrum, and Abbott. Ernest S. du Bray read a paper on "Practical Considerations in the Arrangement of Patients Presenting Essential Hypertension." George E. Ebricht read a paper on the "Etiology of Gastric and Duodenal Ulcers." W. J. Kerr presented a paper on "Heart Failure: Its Underlying Causes, Clinical Manifestations and Treatment"; discussed by Spiro, du Bray, Gundrum and Kerr. Alfred C. Reed gave a paper on "A Clinical Review of Intestinal Protozoa in Stanford Medical School"; discussed by Barrow and Reed. John V. Barrow read a paper on "Ernstine Hydrochloride in the Treatment of Typhoid Fever"; discussed by Wessels and Reed. W. D. Sansum presented a paper on "A Preliminary Report on the Treatment of Diabetes with Insulin"; discussed by Abbott, Gundrum, and Sansum. Willard J. Stone gave a paper on "The Treatment of Hypertensive Muscular Disease." Verne R. Mason read a paper on "Sporotrichosis with Report of a Case." The paper of Henry Herbert on "The Latent Stage of Gall-Stones and Its Early Recognition" was read by title.

The nominating committee reported the names of Arthur Stanley Granger of Los Angeles as chairman, and Ernest S. du Bray of San Francisco as secretary of the Section for the coming year. It was moved and seconded that the nominations be closed and the chairman instructed to cast a unanimous ballot for these men. Carried. There being no further business, the meeting adjourned.

##### SECTION ON DERMATOLOGY AND SYPHILOLOGY

HOWARD MORROW, Chairman  
MOSES SCHOLTZ, Secretary

The Section opened its session at 2:30 p. m., Friday, June 22. There were fifteen dermatologists and five visitors present. Two papers were read and discussed: "Erythema Induratum," by Harry Alderson and H. C. Coe, and "Skin Syphilis Associated with Inflammatory Skin Disease," by Kendal Frost. The other papers of the program were read by title. The clinical session followed. Thirteen patients of interest to dermatologists were presented by Alderson, Chipman, Coe, Culver, Morrow, Taussig, and by Bolm by invitation. The cases were discussed.

The following officers were nominated and elected for 1924: Chairman, Anstruter Davidson, Los Angeles; vice-chairman, Kendal Frost, Los Angeles; secretary, Moses Scholtz, Los Angeles (second term).

The meeting of the Section was characterized by a spirit of live interest on the part of those present, though several members stayed away because of the prevailing impression that no papers were to be read.

##### SECTION ON GENERAL SURGERY

STANLEY STILLMAN, Chairman  
HARLAN SHOEMAKER, Secretary

The fifth annual session of the General Surgical Section was called to order by Stanley Stillman of San Francisco in Larkin Hall, San Francisco, June 22, 1923, at 2 p. m. Following the chairman's address, the minutes of the 1922 session in Yosemite were read and approved. The chairman appointed John Hunt Shepherd, A. S. Lobingier, and Harlan Shoemaker on the nominating committee. Rae Smith of Los Angeles was nominated chairman; Leo Eloesser of San Francisco, secretary, and LeRoy B. Sherry of Pasadena, assistant secretary for the 1924 session. There being no further nominations, it was moved by C. P. Thomas and sec-

onded by Guy Cochran that the secretary cast the ballot. Carried.

It was moved by C. P. Thomas and seconded by C. F. Zerling that the scientific papers be read. Carried.

"The Relation of Surgery and Radiotherapy in the Treatment of Malignant Diseases," Rex Duncan, Los Angeles. Read by title.

"Aneurism Simulating Surgical Conditions," Charles D. Lockwood, Pasadena. Read by title.

"Congenital Hypertrophic Stenosis of the Stomach in Infants," Case reports from the Children's Hospital—forty-seven cases reported, Guy Cochran, Los Angeles. Discussion by A. S. Lobingier, C. P. Thomas, Walter L. Huggins, H. W. Edwards, Los Angeles; J. H. Woolsey and Stanley Stillman, San Francisco.

"Some Practical Points in the Treatment of Hand Infections," Carl L. Hoag, San Francisco. Read by title.

"Some Practical Considerations in the Treatment of Fractures," Fred R. Fairchild, Woodland. Discussion by W. C. Childester, San Mateo; J. J. Crowley, San Francisco, and Guy Cochran, Los Angeles.

"Adenomatous Gutter," E. H. Schneider, Los Angeles. Discussion by J. H. Woolsey, San Francisco; J. K. Ransom, Modesto, and John Hunt Shepherd, San Jose.

"Fallacies and Hazards of Gall-Bladder Surgery," A. S. Lobingier, Los Angeles. Discussion by C. P. Thomas, Harlan Shoemaker, Los Angeles, and Stanley Stillman, San Francisco.

"Diverticula of the Esophagus," John Hunt Shepherd, San Jose. Discussion by D. A. Beatty, San Jose; J. K. Ransom, Modesto, and C. P. Thomas, Los Angeles.

"A Review of Acute Abdominal Conditions in the San Francisco Emergency Hospital in the Past Two Years," Edmund Butler, San Francisco. Read by title.

"Pyloroplasty," J. H. Woolsey, San Francisco. Read by title.

"The Surgical Aspect of Neurofibromatosis or Recklinghausen's Disease," Mark L. Emerson, Oakland. Read by title.

It was moved by A. S. Lobingier and seconded by C. P. Thomas that the secretary be instructed to express a vote of sympathy to Charles D. Lockwood of Pasadena, past chairman of the Surgical Section, on account of his illness. Carried.

It was moved and seconded that the members of the Section extend a vote of thanks to Stanley Stillman, chairman, and Harlan Shoemaker, secretary, for their efforts in making the meeting of 1923 so interesting. Carried.

##### SECTION ON EYE, EAR, NOSE, AND THROAT

HARVARD McNAUGHT, Chairman  
PERCIVAL DOLMAN, Secretary

The meeting was called to order by the chairman, Harvard McNaught, who explained that the present meeting was called as a formality only and would be promptly adjourned out of courtesy to the meetings of the American Medical Association. It was moved by Dewey Powell of Stockton and seconded by Otis Sharpe that the reading of the minutes of the 1922 session be dispensed with. The motion was carried.

The secretary then read the following papers by title: "Alveola Fistula," Merton J. Price, San Francisco.

"Foreign Bodies in the Bronchi," Chester H. Bowers, Los Angeles.

"History Cards and History Taking," George H. Kress, Los Angeles.

"Acute Suppurative Labyrinthitis," Henry J. Profant, Santa Barbara.

"Cilia in Anterior Chamber of the Eye, with Case History," Otis Allen Sharpe, San Francisco.

It was moved by Dewey Powell and seconded by Hamlin that the present officers be continued in office for another year in order to give them an opportunity to conduct a regular meeting of the Section. The motion carried.

##### SECTION ON UROLOGY

ROBERT V. DAY, Chairman  
LOUIS CLIVE JACOBS, Secretary

The meeting of the Section on Urology took place as per program. Due to lack of time, the majority of the papers were read by title and were handed to Robert V. Day for transmission to the editor.

The following Section officers were elected for the ensuing year: Louis Clive Jacobs, San Francisco, chairman, and Frank S. Dillingham, Los Angeles, secretary.

##### SECTION ON ORTHOPEDIC SURGERY

G. J. McCHESNEY, Chairman  
H. H. MARKEL, Secretary

The Orthopedic Surgery Section met in the Auditorium on June 22, with President McChesney in the chair. The officers elected for 1924 were H. H. Markel, San Francisco, president; J. C. Wilson, Los Angeles, secretary. This arrangement was made so that the secretary, living in Los Angeles, could attend to matters for the next meeting, which will be held in Los Angeles.

Papers were read by James Watkins on "Retropertoneal Glands Assimilating Tuberculosis of the Spine"; by Rudolph Dresel on "Acute and Chronic Synovitis of the Knee Joints"; and by H. H. Markel on "Etiology, Mechanics, and Treatment of Faulty Posture."



## SECTION ON OBSTETRICS AND GYNECOLOGY

LUDWIG A. EMCE, Chairman  
J. MORRIS SLEMONS, Secretary

There were approximately seventy-five visiting physicians present. The chairman opened the business meeting with a brief address of welcome. The secretary reported the financial status of the Section, as well as the withdrawal of the papers of Lyle McNeile and E. B. Cecil.

It was decided to request the editor of the Journal to publish the symposium on sterility, together with the discussion, as a whole and not split it up into individual papers. It was decided to leave the program for the coming meeting to the new officers.

The officers elected for the coming year are A. B. Spalding of San Francisco, chairman, and Peter O. Sundin of Los Angeles, secretary. Requests for a place on the program for the coming year should be made early and sent to Doctor Sundin.

## SECTION ON INDUSTRIAL MEDICINE AND SURGERY

PHILIP STEPHENS, Chairman  
PACKARD THURBER, Secretary

The meeting was called to order by the chairman, June 22. The minutes of the last meeting were read and approved.

Report of the Physiotherapy Committee, E. W. Cleary, chairman. Following the presentation of the report, a motion was made, seconded and unanimously carried, that the same committee on physiotherapy be reappointed for the ensuing year. The report was discussed by Gayle Moseley, who recommended that the Section advise the different insurance carriers concerning the recommendations of this committee. A motion was made, seconded and carried that a committee be appointed to make a résumé of the report, have it printed and sent to all companies doing insurance work. The chairman announced that he would appoint a committee at a later date.

Doctor McNeill presented a resolution on industrial medicine and surgery, as prepared by the Industrial Section of the Los Angeles County Society. These resolutions were discussed by Cleary and Moseley, and a motion was made by Moseley that the Section prepare a resolution endorsing these resolutions and present it to the Council of the State Association, together with the resolutions passed by the Los Angeles County Society. Motion was seconded and carried.

Election of officers: Ross Harbaugh of San Francisco was unanimously elected president and W. C. Adams secretary of the Section for the ensuing year.

"The Second Great Type of Chronic Arthritis in Its Relation to Industrial Accident Cases" was presented by Leonard W. Ely. The paper was discussed by McNeill, Cleary, Harbaugh, Mordoff, and Moseley, and the discussion was closed by the author.

Announcement was made by Doctor Cleary concerning the industrial clinics to be held at the hospitals during the A. M. A. convention. A motion was made and seconded that the meeting be adjourned until the next annual meeting.

## SECTION ON PATHOLOGY AND BACTERIOLOGY

WALTER V. BREM, Chairman  
ROY W. HAMMACK, Secretary

The Section met June 21, with fourteen in attendance. The chairman's address was a discussion of the scarcity and need of pathologists and the problem of their training. The discussion was informal and participated in by Duffield, Addis, Victors, Terry, Geiger, Hammack, and Brem.

Officers elected for the coming year were: President, G. V. Rusk, San Francisco; secretary, Roy W. Hammack, Los Angeles.

The following papers were discussed informally by various members:

"The Clinical Significance of Quantitative Determinations of the Rate of Protein Excreting in the Urine in Bright's Disease," Thomas Addis, San Francisco.

"Forula Infection," Mona E. Bettin, Los Angeles.

"Demonstrating the Tubercle Bacillus," E. A. Victors, San Francisco.

Owing to the fact that many members expected the papers to be read by title only, the other authors on the program were not present.

## SECTION ON ANESTHESIOLOGY

E. I. LEAVITT, Chairman  
LORRULI A. RETHWILM, Secretary

There was a meeting of the Section and a number of joint meetings with the regional and national associations.

R. F. Hastreiter, Los Angeles, was elected chairman, and Edwin Forrest Boyd, Los Angeles, secretary of the Section for the ensuing year.

The following resolutions were passed by the Section: Whereas, The safety of human life, the progress of surgery, and the development of hospital service demand the rapid extension of the specialty of anesthesia; therefore be it

Resolved, That the Section on Anesthesiology of the Medical Society of the State of California hereby commits itself to the development and standardization of such anesthesia service in the hospitals of California, through a standardization committee organized for this purpose; and be it further

Resolved, That no hospital shall be deemed to have

acceptable standards (1) which does not limit the administration of all anesthetics to legally qualified medical and dental practitioners; (2) which charges or collects a fee for an anesthetic, including workmen's compensation and insurance cases, unless such anesthetic has been administered by a legally qualified physician or dentist; be it further

Resolved, That the Section on Anesthesiology of the Medical Society of the State of California condemns as destructive of all safety to human life and the progress of anesthesia, the training or use of nurses or other lay persons as anesthetists;

Whereas, The safety of human life as an issue of public welfare depends upon expert anesthesia in workmen's compensation and insurance cases; therefore be it

Resolved, That the Section on Anesthesiology of the Medical Society of the State of California urges that expert anesthesia be provided for all such patients, and that fees be allowed commensurate with the risk involved and the service rendered; and further be it

Resolved, That copies of these resolutions be sent to the Industrial Commission of the State of California, all liability and fraternal insurance companies handling operative cases.

## SECTION ON TECHNICAL SPECIALTIES

RAY LYMAN WILBUR, Chairman

At the meeting of this Section, Ray Lyman Wilbur, San Francisco, was re-elected chairman, and John C. Wilson, Los Angeles, was elected secretary of the Section for the ensuing year.

## The California Association of Physiotherapists

As a member of the Technical Specialties Section of the California Medical Association, this organization held its meeting on June 23.

Election of Officers: Miss Hazel E. Furscott, 240 Schroth building, San Francisco, was re-elected president; Miss Ethel Johnson, 177 Post street, San Francisco, vice-president; Miss Hilda Rodway, 177 Post street, San Francisco, secretary-treasurer. Miss Mabel Penfield, Miss S. Davis, Miss Hilda Knausenberger, and Mrs. Mary Schaeff were elected members of the Executive Committee.

The minutes of the last annual meeting, as well as reports of officers and committees, were read and accepted.

Amendments to the constitution and by-laws were adopted, fixing the time of payment of dues, the time when delinquency becomes effective. An amendment to the by-laws, making them conform in all respects with the definition of physiotherapy as given in the preamble was adopted.

President's Address: In opening the meeting, the president, Miss Hazel E. Furscott, said:

"The California Association of Physiotherapists was organized on May 10, 1921, and incorporated into the California State Medical Society as a member of its Technical Specialties Section. The purpose of this organization is to establish and maintain adequate standards in physiotherapy and to afford the members of the medical profession a group of educated, trained, technical assistants. The central points of the constitution to this effect are that physiotherapy is defined as a group of physiotherapeutic procedures to be prescribed by doctors of medicine and administered under the physicians' direction by especially educated and trained technical assistants, and that as physiotherapy is practically an integral part of modern medicine, physiotherapy should form a unit of the organized medical profession and should become intimately identified with local, State, and National medical associations. At the present time the California Association of Physiotherapists have forty-six active members, of whom seventeen are new this year, and four associate members. Our program has been one of regular monthly meetings with stimulating addresses of scientific interest from such men as Doctors Wilson, Dohrmann, Fisher, Hoag, and Dukes of Oakland, and Miss Penfield and Miss Rodway, physiotherapy technician. Besides our regular activities and those monthly programs, the association has prepared and made available an extensive program composed of papers written by experts, and this extensive program is available to any county society in the State who wishes the program on physiotherapy, and has published in the California State Journal of Medicine articles of interest. To meet the outstanding needs of physiotherapy, that of adequate educational standards, research surveys are in progress on the following subjects: Surveys of schools giving courses in physiotherapy, and a bibliography of physiotherapy. It is the intention of the association to print these surveys as soon as they have been completed. Of course, the bibliography will never be completed, but it will be a working bibliography. The medical profession is but just awakening to the possibilities of physiotherapy. Even in this awakening physiotherapy has been wrongly identified with orthopedics, surgery, and especially industrial medicine. Rightly, it belongs to all medicine. It is a form of treatment along with medicine and surgery, and should be a tool of the general practitioner, the neurologist, the internist, as well as the orthopedic and dental surgeon. It is the application of those physiotherapeutic measures of which we have knowledge, to bring about certain physiological results when, in the opinion of the physician, they are indicated. We feel that we are achieving our purpose when we gather together such a group as this to present a program of such scientific interest and by such eminent speakers

as we have today. May I take this opportunity to thank Doctor Musgrave and Doctor Wilbur, as well as the officers of the Association, the committees, and the members, for the co-operation which they have given to make possible such a program as this?

Miss Lohne, president of the American Physiotherapy Association, was called upon, and said:

"Miss Furscott has stated the aims of the California Association, and they are exactly the same in the National Association. When the California Association invited us to hold a joint meeting with them, we accepted because we felt that they could help us because they had gotten along so wonderfully and we were still struggling along. Our National organization only has one meeting a year, and the members are scattered throughout the whole United States; so it is rather hard to get suggestions and help from them. There are several local chapters in the East and in the Middle West. The California Association is standing by itself, more or less, but having individuals who are members of our organization. That association is a member of the Medical Association, and we are hoping that, by coming out here and learning how they went about it, and getting their co-operation now, and during the A. M. A. meeting, that we can accomplish the same thing for the National organization.

"During the war those of us who went in rather early met the problem of well-trained people. Some doctors, even famous doctors, would say, 'It does not make any difference, we do not need technically trained people because we would rather train our own.' One doctor went as far as to say that he could take anybody and train them. Well, the army discovered that that did not work, and so they have now established a course of physiotherapy, and applicants for that must have had a two years' course before on physical education. They realize that anybody cannot do the work and do it scientifically. Our aim is to try to get schools established that will train people to give the medical profession the very best service, because we know very well that it is economically wrong to have people who are not trained, as well as wrong from the standpoint of the patient. People will say that a patient is improving under physiotherapeutic treatment very well, but they have no idea what the treatment might accomplish if administered by adequately trained technicians.

"And so we came out here this year, hoping that the doctors would give us the co-operation that we need and the boost that we need to go ahead. We have about 250 members. Each one of those members is anxious to see the National Association united in some way with the American Medical Association and working under their direction. Otherwise, aside from that, the aims of our association are just exactly the same as those of the California Association, and I am going to leave the rest of our troubles until the business meeting, so that we can call on the speakers of the afternoon and hear their papers, and not trouble you with the trials that we are now working under."

#### JOINT ANNUAL MEETING OF THE AMERICAN PHYSIOTHERAPY ASSOCIATION AND THE CALIFORNIA ASSOCIATION OF PHYSIOTHERAPISTS.

The scientific and technical program on physiotherapy was given before a joint meeting of the National and State associations. The meeting was attended by a large and interested audience, and the program probably has not been excelled by any meeting anywhere. The first speaker, Doctor Joel Goldthwait of Boston, had as his subject, "How to Keep Ourselves Fit." He said in part:

"The medical profession is gradually coming to understand that there is something in posture treatment. They do not know quite what, and they do not know how to get away with it; but it is a thing that they should be paying some attention to, and they are sending their patients more and more to physiotherapists, expecting that you, in some way, will make them fit. The responsibility is upon you more than it should be, many times, but that is due to the ignorance of some of my profession.

"The textbooks on anatomy teach that there is one human type. This is not a fact. The athletic trainer, from time immemorial, has known perfectly well that there were a lot of types, as well as there are among all the lower animals. You have your race horse, and you have your truck horse at the other end of the line, and you have the family horse in between. In the human family you have exactly the same variations, and you expect entirely different physical reactions from each. That is the thing everyone should understand, my profession perhaps more than any other group, and yet my profession understands it apparently less than any of them at the present time, judging by the way medicine is being taught today."

Tait McKenzie of Philadelphia discussed "The Place of Manipulation and Corrective Gymnastics in Treatment." This paper will be published in the California State Journal of Medicine.

"Physiotherapy in Relation to Orthopedic Problems of the Shoulder, Girdle, and Arm" was the subject of a paper by C. LeRoy Lowman of Los Angeles.

"The Place of the Physiotherapist in the Treatment of Infantile Paralysis" was discussed by John C. Wilson, Los Angeles.

Both these papers will be published in the Physiotherapy Review.

## COUNTY NEWS

[As many of the County Medical Societies are not holding meetings during the summer months and the county officers are on their vacations, few reports have been sent the Journal, but it is hoped that, beginning with October, we will be able to give our readers interesting news each month from every county in the State.—Editor.]

### MONTEREY COUNTY

**Monterey County Medical Society** (reported by T. C. Edwards, secretary)—The Monterey County Medical Society had its regular meeting at Hotel Jeffery on August 3, 1923. There was a good attendance to hear Wm. C. Voorsanger of San Francisco talk on "The Sane Treatment of Tuberculosis." The doctor pointed with pride to the improvement in the results of treatment within the last twenty years. He called attention to the absolute necessity of having full co-operation of the patient. The psychology of the patient has a great deal to do toward the success of treatment. The talk was illustrated with numerous X-ray pictures.

Monterey County Medical Society feels that it has been losing greatly in the past by failing to avail itself of the services of this really post-graduate staff whereby we get the best at home without having to take the time and expense to visit the cities where it would be necessary to go to obtain what we are getting just for the asking. Dr. Voorsanger's talk inspired us with the feeling that we wanted all of this service that it is possible to get.

The Monterey Society also held a meeting on June 3rd, in Salinas. The event of the evening was an illustrated paper by A. B. Spalding of San Francisco on "The Pelvic Fissia, Its Injury During Labor, and Repair of Injuries." The paper was profusely illustrated by lantern slides which made plain some of the points that would have been somewhat hard to understand without the use of the lantern. A general discussion followed. Numerous questions were asked and were answered by Dr. Spalding. A vote of thanks was tendered Dr. Spalding, and the meeting adjourned with all feeling that they were more than paid by being present.

### SAN DIEGO COUNTY

**San Diego County Medical Society** (reported by Robert Pollock)—The new 100-bed addition to the Paradise Valley sanitarium is now rapidly filling up with patients and is relieving the congested condition of that institution.

The San Diego county general hospital announces the following internes for service beginning July 1, 1923: Dr. Nies, graduate of the College of Medical Evangelists, Los Angeles; Dr. Paez, graduate of Rush Medical College, Chicago; Dr. Duncan, graduate Medical Department University of Indiana; Dr. Leland, graduate College of Medical Evangelists, Los Angeles; Dr. Clark, graduate Jefferson Medical College, Philadelphia.

The hospital has just installed complete a new high pressure sterilizing outfit in the surgical department. The X-ray department has been improved by the addition of a new Wappler transformer and cabinet.

The Board of Supervisors has recently bought a model dairy farm of about 110 acres on which they will erect proper buildings for the housing and care of the indigents now cared for in the hospital. This will release considerable space for legitimate hospital purposes.

The Board of Supervisors is also planning extensive improvements about the grounds and approaches to the hospital, including boulevarding and parking

of a beautifying character and the paving of drive-ways from the nearest street-car lines. The board has also recently installed new concrete tennis courts for the use of the internes and nurses.

The medical profession of the county is happy in having the co-operation of so intelligent and efficient a Board of Supervisors. About a dozen young women are already enrolled for the freshman class in the training school, taking up their work in September.

#### SAN FRANCISCO COUNTY

**San Francisco County Medical Society** (reported by J. H. Woolsey, secretary)—The following resolution was passed by the board of directors of this society:

Whereas, It has been announced in the public press that the removal of Dr. Morton R. Gibbons from the position of Medical Director of the Industrial Accident Commission of the State of California is imminent; and

Whereas, Dr. Morton R. Gibbons has filled this office to the perfect satisfaction of the people and of the medical profession of the State of California; and

Whereas, No reason, other than political, can be shown for his removal; therefore be it

Resolved, That we, the board of directors of the San Francisco County Medical Society, acting for its eight hundred members, emphatically protest against his removal; and be it further

Resolved, That a copy of these resolutions be telegraphed to every county medical society in California, and that they be printed in the California State Journal of Medicine, and that copies thereof be furnished to the public press.

**Diagnostic Clinics at St. Joseph's Hospital**—Undoubtedly the most vivid impressions which linger at St. Joseph's Hospital of San Francisco concerning the convention of the American Medical Association are those left by the diagnostic clinics in this institution on June 25 and 26. The object of these clinics—namely, that they be participated in by local and visiting fellows—was steadfastly adhered to.

Surely it is inspiring for the physicians at St. Joseph's Hospital to view the demonstrations of the national celebrities, and many of the outside medical visitors expressed commendation at the showing of the hospital's representatives. Sisters and lay nurses also evinced a lively interest, and even standing room at times was at a premium.

On Monday, June 25, at 10 a. m., J. M. Wolfsohn of the hospital staff opened with a talk on neurological manifestations in encephalitis lethargica, and demonstrated three patients showing the Parkinsonian syndrome and mirror writing. Lantern slides were also shown. Ethan Smith next spoke on congenital dislocation of the femur, infected gumma of the tibia, and the use of absorbent cotton instead of cotton sheeting, in bone work, presenting radiograms and patients. Lloyd Crow discussed the early diagnosis of phthisis by X-ray of pulmonary glands, and W. T. Cummins spoke briefly on insulin therapy in diabetes. J. R. Pennington of Chicago, chairman of the section on proctology of the A. M. A., closed with a unique lecture on a new method of diagnosis and treatment of rectal diseases, illustrated with scores of lantern slides, many of which were in colors. Luncheon was served to all present.

Tuesday, June 26, George Dock, dean of national clinicians, opened the clinic by demonstrating patients with heart lesions and mediastinal tumors, with X-ray pictures, assisted in his illuminating talk by Wm. Reilly. Wm. Quinn read a paper on surgical problems. L. W. Bremmerman, director of the Urological Hospital of Chicago, discussed diagnosis in his specialty and demonstrated a number of patients, being assisted by Alex. Raymond. The next day, L. W. Bremmerman gave a cystoscopic

clinic. Col. Allen Greenwood of Boston, who was chief eye consultant in the world war, closed the Tuesday program with a talk on "Ophthalmological Pointers," being assisted by Roy Parkinson. Luncheon was then served by the Sisters.

A. S. Musante, head of the hospital staff, presided at the clinics and received expressions of appreciation from the visiting and local doctors of the excellent demonstrations presented.

**Variety in Program of St. Joseph's Hospital Staff**—On August 8, St. Joseph's Hospital of San Francisco held its regular staff meeting, Dr. A. S. Musante presiding, and Dr. H. Unsinger acting as secretary.

"Meingism and Meningitis" was presented by Harry Deering and discussed by Anna Lyle (the pediatric and typhoid aspects), C. O. Southard (the aural significance) and H. V. Hoffman (the pathological lesion). Interesting case reports were presented by C. E. Taylor (post-operative dilatation of stomach and hemolytic streptococcic pyemia after tubercular adenectomy) and Andrew Nagy (streptococcic infection of hand). F. C. Keck donated several volumes to the library, which was also further enriched by purchases by the staff. H. Unsinger was appointed librarian.

R. C. Kupler, surgeon of St. Anthony's Hospital of Chicago, one of the many institutions operated by the same Sisters here, was a guest of honor, and spoke on staff organization, diagnostic blood culture and walling off of abscesses. Refreshments were served.

Resolutions were adopted in praise of the recent American Medical Association convention, especially the diagnostic clinics and the hospitality of the Sisters, and complimenting Ray Wilbur and W. E. Musgrave upon their election as president and vice-president, respectively, of the organization.

#### SOLANO COUNTY

**Solano County Medical Society** (reported by A. V. Doran, secretary)—At a meeting of the Solano County Society, July 31st, the following officers were elected: Dr. S. G. Bransford, president, Suisun; Dr. Ralph Allen, vice-president, Vallejo; Dr. A. V. Doran, secretary-treasurer, Vallejo. New member, Dr. A. G. Bailey of Suisun.

**Trustees of A. M. A. Thank California Medical Association For Successful Session in California**—The following letter was received from Frank Billings, Secretary of the Board of Trustees:

I am directed by the Board of Trustees of the American Medical Association to extend to you and to the other members of the Local Committee of Arrangements of the Seventy-fourth Annual Meeting of the Association held at San Francisco, California, June 25-29 inclusive, the deep and sincere appreciation of the Board for the splendid, efficient, and practical accomplishments of your committee.

The San Francisco session of the Association was a great success in the business, scientific, and social accomplishments of the meeting.

Please accept for yourself and extend to the members of your committees the appreciative thanks of the Board for the splendid arrangements made for the meeting by your committees and for the resulting successful session of the Association.

**Annual Convention of the American Roentgen Ray Society**—Among the forthcoming meetings of special societies is the annual convention of the American Roentgen Ray Society. This is to be held in Chicago with headquarters at the Congress Hotel, the time of the meeting being from September 18 to 21. A number of eminent foreign contributors will appear on the program, and the announcements indicate that treatment by high voltage X-ray will have a prominent place on the program.



## Utah State Medical Association

J. R. MORRELL, M. D., Ogden - - - President  
 WILLIAM L. RICH, M. D., Salt Lake - - Secretary  
 W. R. CALDERWOOD, M. D., Associate Editor for Utah

### REPORT OF THE TWENTY-NINTH ANNUAL MEETING

The Twenty-ninth annual meeting of the Utah State Medical Association was held at Salt Lake, June 20, 21, 22, 1923, and the program as previously published was carried out. The report of the House of Delegates, including the reports of officers and special committees, is given below:

#### Noon Meeting, June 20

Meeting called to order by the President, J. C. Landenberger, at 1 p. m.

Roll call of House of Delegates—quorum present. Minutes of 1922 session were not read inasmuch as a complete report had been printed in Northwest Medicine.

The president appointed F. A. Goeltz, chairman, F. F. Hatch and F. H. Raley as a Reference Committee to pass on all reports of officers and committees.

### REPORTS OF OFFICERS

#### Report of the Secretary, William L. Rich

Since our last annual meeting there have been some important things accomplished by our National organization. Of these, one requires special notice at this time, and that is the organization and publication of a lay medical journal. This magazine is known by the name of "Hygeia" and the subtitle "A Journal of Individual and Community Health."

The editors are the highest type of men in the profession and some of the foremost writers and contributors to medical literature in this country, chief among whom is Dr. Victor C. Vaughn, Ann Arbor, Michigan. His name is known wherever scientific medicine is practiced and wherever preventive medicine has received any consideration. Today these men are busily engaged in translating and simplifying progressive scientific medicine into the language of the laity. Practically all of us at various times are called upon to speak before lay audiences. There never has been in the history of medicine, to this date, a magazine so wonderfully well adapted to assist one in this kind of an endeavor. The articles on hay fever and the mosquito problem in the May issue are of intense interest to both medical and lay readers. I know of no journal or text book where one can get the simple truth so easily and precisely as set forth in this journal.

At the last annual meeting of the secretaries of the component State associations where "Hygeia" was first outlined and announced by Dr. Vaughn, many of the secretaries, in acknowledging Dr. Vaughn's great work, pledged themselves to secure ten subscriptions from each member of their State Association. The secretary from Utah was reticent about making any such promise. In fact, I do not believe I am overestimating when I say that probably not more than a third of our members are even subscribers themselves, much less have secured ten patient subscribers. It is my opinion that we are far behind the other State Associations in appreciation of this magazine and what it will mean to our profession. It is destined to be our strong right arm and our most powerful weapon in combatting quackery and the cults, and unfair and biased treatment in the halls of the legislature, as well as unjust industrial medicine. Every physician and dentist, librarian and school teacher should, for his own good, have a copy of this Journal on his library table.

One other important event in the National organization is the establishment of a bureau of legislation. Dr. William C. Woodward is the chairman. He has a keen legal mind and is recognized as one of the foremost teachers of medical jurisprudence. This department is yet somewhat in the experimental stage; but I trust that we shall finally request and receive medical defense through its functioning.

Every one of you, I am sure, senses the relief it would afford us in this State at the present time if we knew definitely that we might receive proper defense in liability insurance at practically the actual cost of that defense, through a national organization that was strong and powerful. Insurance companies have made and accumulated millions doing this for us, and it now appears they are ready to raise the price so high as to make it almost prohibitive or leave the field entirely. This year there has been appointed a special committee, known as the Committee on Professional Welfare and Ethics, to consider and make recommendations on this problem. I might add that this committee has been wide awake and active and will give you their detailed report.

Our many years' experience with the legislature has not profited us much in ideal legislation and yet there has been something accomplished. The mills of justice grind slowly, skipping a number of cogs at times and letting in a little pollution. The past session of the legislature left us with an organic lesion which, I hope, will not prove serious, and may be compensated for by the unjust bills that were attempted and blocked through the efforts of the Committee on Public Policy and Legislation and their supporters.

The number of component County Societies is six, the same as last year. One of these was suspended for nonpayment of dues and inertia; re-organization and recovery was complete and they are now in good standing. The following table sets forth the details of membership by counties as compared with last year:

Cache Valley	17—a decrease of 3
Carbon County	17—an increase of 2
Salt Lake County	200—same as last year
Uintah County	7—an increase of 1
Utah County	31—a decrease of 5
Weber County	44—an increase of 5

making a grand total of 316, the same as last year.

There has been closer co-operation between the majority of the component county societies this year than ever before. To the president of the Salt Lake County Society is largely due the credit for arranging meetings of the officers of this association with Weber County and Utah County, and inviting these county societies to be the guests of the officers of both the local and State Associations at dinners, and at the regular meetings of the Salt Lake County Society. If the regular meeting had come in the fall, as is usual, I am sure we could have reported a visit to Cache Valley and Carbon County Societies, as that was our intention. This practice should be encouraged and the Secretary recommends that the officers of this Association visit all component County Societies at least once a year, with the possible exception of the Uintah County Society.

You are all aware of the action taken at the last meeting of the House of Delegates regarding the advisability of transferring our State journal from Northwest Medicine to California State Journal. The matter was placed by this body in the hands of the Council to complete arrangements and the transfer is now about completed. We shall begin with the August issue of the California State Journal and our papers and transactions will be published in that journal this year and each member in good standing should receive a copy of that journal each month. The president, on the advice of the Council, has appointed Dr.

W. R. Calderwood to act as associate editor for the coming year.

The amendment to our by-laws regarding a president elect is to be voted on, the notice having been published twice—once in Northwest Medicine and in the present program.

The following officers are to be elected: president, and three vice-presidents, president-elect; secretary, three-year term; treasurer, councilor from the First District, three-year term.

#### Report of the Treasurer, F. L. Peterson

From September 1, 1922, to June 20, 1923

Receipts	
1922	
Sept. 1—Balance in bank .....	\$ 400.86
Sept. 2—From Harlow Brooks Course....	650.00
Oct. 19—Utah County Medical Society....	24.00
Oct. 19—Banquet Committee .....	4.00
Nov. 11—Salt Lake County Med. Society....	120.00
Dec. 20—Salt Lake County Med. Society....	80.00
1923	
Apr. 2—Salt Lake County Med. Society....	800.00
Apr. 2—Cache Valley Medical Society....	136.00
May 3—Utah County Medical Society....	56.00
May 3—Utah County Medical Society....	240.00
May 3—Weber County Medical Society....	360.00
May 11—Salt Lake County Med. Society....	712.00
May 12—Carbon County Medical Society....	40.00
May 12—Carbon County Medical Society....	48.00
June 11—Carbon County Medical Society....	32.00
June 13—Carbon County Medical Society....	8.00
June 19—Salt Lake County Med. Society....	48.00
June 19—Coupons from bonds.....	12.75
	\$3,370.75 3,370.75
Total Receipts for the year.....	\$3,771.61
Disbursements	
1922	
Sept. 23—Northwest Medicine, 12 members from Carbon Co. ....	12.00
Sept. 26—Hotel Utah, expenses of guests.....	43.30
Sept. 27—Harlow Brooks Fund, trans. to savings account No. 22697, at 4% interest....	650.00
Oct. 5—Gardiner Printing Co., 200 tickets.....	3.00
Oct. 12—Gardiner Printing Co., 750 letterheads....	10.75
Oct. 12—Billings Stenographic Service, copying 3 medical papers Harlow Brooks, reporting meeting, political letters, Hurd's paper, etc. ....	100.72
Oct. 12—Pembroke Co., tags.....	1.90
Oct. 12—F. L. Peterson, salary, stamps, stationery, etc. ....	27.75
Oct. 16—Wm. L. Rich, salary, stamps, phones, trip to Logan—Council .....	197.33
Oct. 25—Utah Savings & Trust Co., 200 checks printed and bound, 2 volumes.....	20.00
Oct. 27—Salt Lake Stamp Co., changing seal....	3.50
Nov. 7—F. G. Dust Co., binding 6 records of transactions of Utah State Medical Association .....	10.50
Dec. 11—Billings Stenographic Service, letters....	14.17
Dec. 19—James H. Wallis, legislative work.....	100.00
1923	
Jan. 17—Billings Stenographic Service, miscellaneous .....	27.17
Jan. 17—Century Printing Co., 500 lists of legislators .....	9.50
Jan. 22—Earl M. Crandall, surety bond.....	2.50
Apr. 2—James H. Wallis, work in Legislature....	200.00
Apr. 2—Cheney, Jensen & Holman, law work on Medical Practice Act.....	150.00
Apr. 2—Billings Stenographic Service, March invoices .....	56.56
Apr. 2—Ray & Rawlings, legislative work, Medical Practice Act.....	150.00
May 26—Billings Stenographic Service, May invoice .....	32.14
June 4—Gardiner Printing Co., 700 programs....	57.50
June 16—Billings Stenographic Service.....	34.30
June 16—Northwest Medicine, subscription six months for 297 members at \$1 per year .....	148.50
June 16—Gardiner Printing Co., 200 tickets.....	2.50
June 16—Weber County Medical Society, refund dues for Dr. Wach.....	8.00
Total Disbursements .....	\$2,073.59
Recapitulation	
Balance on hand in bank Sept. 1, 1922.....	\$ 400.86
Receipts from Sept. 1, 1922, to June 19, 1923 .....	3,370.75
Total Receipts .....	\$3,771.61
Disbursements from Sept. 1, 1922, to June 19, 1923 .....	2,073.59
Balance in bank June 19, 1923.....	\$1,698.02
Harlow Brooks Fund in Savings Account No. 22697 .....	650.00
Total in savings and checking accounts....	\$2,348.02

I also carry for the association three \$100 bonds of the Second Liberty Loan of the United States, converted 4½ per cent Gold bonds of 1927-1942, with coupons attached, from November 15, 1923, to November 15, 1942.

#### Report of the Council, G. L. Rees, Chairman

Since our meeting of a year ago the Council has met in Salt Lake City four times. At these meetings many matters pertaining to the welfare of this Association were discussed and the major part acted upon.

The following are considered of sufficient importance to deserve special mention:

1. At the present time our fiscal year begins in April, while that of the American Medical Association begins in January. Therefore, we suggest that, beginning January 1, 1924, this Association should make their fiscal year correspond to the calendar year, even though at a cost of confusion for one year. By so doing we not only conform to the wishes of the American Medical Association, but simplify matters for our own secretary.

2. At our last State meeting it was suggested we use the California State Journal of Medicine as our official organ, instead of Northwest Medicine. The House of Delegates referred this matter to the Council to investigate, with power to act. After much deliberation we have unanimously decided the best interests of the members of the Utah State Medical Association can be obtained through the adoption of the California State Journal of Medicine, which is recognized as an ideal medical journal, and was so exhibited at a recent meeting of the American Medical Association. Therefore, commencing with August of this year, you will receive your first issue of this magazine.

With this change goes also the appointment of an associate editor, and, after counsel with your president, we have chosen a man whom we feel will fill this position in a creditable manner for this Association, and we trust the secretaries of the component county societies will feel free to furnish the associate editor with all locals which will be of interest to the medical profession.

3. There seems to be a few members of the Association who do not understand that Northwest Medicine, or from now on the California State Journal of Medicine, comes without expense to everyone who pays his or her State dues. Some not knowing this have left the paper in the post-office to be returned, feeling that if they accepted it they would later receive a bill for it. If it should be you are not receiving it, communicate with the secretary of the State Society at once.

4. The Council urges the adoption of a resolution by the House of Delegates, as suggested by Dr. William E. Woodward of the Bureau of Legal Medicine and Legislation of the American Medical Association, voicing our objection to the education of our ex-service men in chiropractic and other cultdom at government expense.

5. The House of Delegates, acting on the recommendation of the Committee on Public Policy and Legislation, provided \$1000 for legislative matters by the increase of annual dues. Of this amount about \$750 has been expended, the largest items being as follows:

(a) For services in aiding the adoption of proper amendments to the Medical Practice Act and helping to defeat any and all acts antagonistic to the best interests of the medical profession of the State.....	\$300.00
(b) According to your wishes, the proposed amendments were subjected to the criticism of two of the leading men in the legal profession to see if they would be constitutional if adopted. These two men, namely, Attorney Rawlins and Judge Stevens, were paid \$150 each, a total of.....	300.00
(c) For stenographic and clerical work, circulars, etc. ....	150.00
Total.....	\$750.00

As you are aware, the bill passed is not by any means an ideal bill. Had we not made the expenditures enumerated above, conditions might have been even worse.

**SPECIAL REPORTS BY COUNCILORS**

Hughes of the Third District reports all societies under his jurisdiction as working in harmony. Hampton, of the Second District, reports all active, harmonious, and progressive. G. L. Rees of the First District reported that the constituent societies have had a successful year. The Cache Valley Medical Society in general, and I in particular, resent the report given by the chairman of the Council of a year ago, and which report was accepted by the House of Delegates, for the following reasons:

1. It was a personal report given by an individual member of the Council, never read to other members of the Council, nor were we asked to concur in the report.

2. That the by-laws of this Association distinctly state that each councilor shall report the condition of his own district, a right denied the councilor of the First District, even the right to file a minority report.

3. That the charges made against the Cache Valley Medical Society are not facts but prejudices of the mind.

4. That only evil can come from such a report, for it is only aimed to create contention between the State Association and a component society.

5. That before any suggestion is made to withdraw any society's charter it should be accorded a proper hearing, and if it is not satisfied with the decision it still has the right to appeal to the Council of the American Medical Association.

Cache Valley has an enrollment of 87½ per cent of all physicians in the valley, only three physicians not being members. One of these three has never applied for membership, one was denied admission, and one was expelled for unethical conduct after having twice been admitted.

Cache Valley has good meetings, high average attendance, programs of the very best scientific type, the very highest ideals ethically and professionally; in fact, we deem it an honor to belong to the Cache Valley Medical Society, for to do so signifies that we are in every respect men. If you are in doubt as to this, ask the members of this Society who have visited our society and read papers before it during the last two years.

President Landenberger gave a short oral report, covering three items that are at present prominent with the Association:

1. Malpractice suits.
2. Political situation.
3. Education of the public.

He stated that malpractice suits have increased greatly, and our witnesses may have a serious effect in increasing them still more; that Dr. Kirtley, the chairman of the Committee on Professional Welfare and Ethics, would report this item in detail.

Political Situation: Three important things—first, the interpretation of the present law by the State; second, enforcement of the present law by the State; third, what our political course should be in the future.

Our Legislative Committee should be increased—three men not enough; there should be a dozen, and he suggested that the house do something to enlarge the committee.

**REPORTS OF COMMITTEES****Committee on Public Policy and Legislation,  
G. W. Middleton, Chairman**

Your committee began early in the season to hold meetings, and put forth a great deal of effort to have the bill of the previous Legislature so amended that it would be constitutional. Competent attorneys were employed to draw up the bill and to analyze it in detail, that we might not find ourselves defeated again by defects which would raise the question of constitutionality. Letters were sent out to many prospective Representatives and Senators to learn their views in advance, and letters

were sent to each State Association to learn what their experience had been with medical legislation. Nearly all of these letters were answered, and it seemed that the prospects were good to accomplish what we wanted.

A competent man was employed to follow the bill through, and many meetings were arranged with committees of the House and the Senate; in fact, a great effort was put forth by your committee to carry out the wishes of the State Association.

From the first we found ourselves confronted by a large lobby, which carried on the opposition fight with great zeal. Telegrams poured in from reputable citizens in every direction, and under the influence of this popular demand we found legislators on whom we had banked swayed to the side of the so-called drugless healers and ready to agree to any compromise that would meet the popular demand.

Out of the wreck of the plan we were trying to work through for the benefit of all, there materialized a bill which gives each of the main cults their own examining board, but which establishes certain standards of education graduated according to the years of graduation. For all these cults which received certificates of training in their particular institutions since March 4, 1907, a preliminary four-year high school course is required, and if graduated after January 1, 1917, an additional year of college work is added. The actual hours of study for the various drugless healers in institutions teaching their particular system are graduated upward until the year 1926, after which they will all have to show certificates of a four-years' course.

Your committee regrets they cannot make a better showing in the line of this important duty which you entrusted to them, but at the same time we assure you that we put forth an heroic effort to do our full duty.

**Sub-Committee on Public Policy and Legislation,  
John Z. Brown, Chairman**

This sub-committee was appointed to assist the general committee in its work with the public and the Legislature in bringing about the present Medical Practice Act. The new law takes the regulation and enforcement of this act out of the hands of medical men and places it under an impartial board with a director of registration in charge. While there are features in this law that are not desirable, we feel that a great deal was accomplished.

Because of the persistent activity of healers and cults, our observation has been that the public and the members of our lawmaking bodies always look with suspicion on any public health measure that is sponsored by the medical profession. Every year bills are introduced in the Legislatures of the different States to place the uneducated healer on a par with the physician. When the healer finally receives State recognition he will not stop. He will assail and attack the established institutions that now protect the people, such as vaccination, and county and State health departments. Scientific medicine is always being assailed. Some say it has a heavy and constant burden to carry.

In the midst of all this contention we sometimes wonder if it would be a good thing for us to use our influence to abolish all medical practice acts and all medical laws that are now on the statute books, and let the people have what they want. In the meantime, we can limit our activities solely to the education of the public in health matters which so vitally concern them.

**Report of the Committee on Arrangements,  
W. N. Pugh, Chairman**

The Arrangement Committee wishes to state that arrangements for the annual banquet have been made with the Hotel Utah. Every courtesy and accommodation possible has been extended, and we are sure they will do their best to take care of us.



## REPORTS OF SPECIAL COMMITTEES

Committee on Education and Post-Graduate Work,  
H. L. Marshall, Chairman; A. C. Callister and  
T. A. Flood, Members of Committee

Your present committee on graduate work was very favorably impressed with the short course given under the auspices of the State Society last year by Harlow Brooks of New York City. It seemed advisable to perpetuate the practice as established last year, and arrangements are now well under way for another clinical course of a week's duration to be held in this city during the latter half of August. It was at first believed that a time just before or immediately after our local convention would be opportune. But further thought convinced us that many of our members would be getting ready to leave for, or would just be returning from, the national convention, and it was decided to conduct the graduate instruction during the quieter time of late August. Specific announcement of all details will shortly be mailed to all members of the Society. In looking forward to the problem of graduate work in the future, we believe that the field is immensely important and practically unexplored. There is probably no other branch of science moving faster today than medical science. And there is no branch of science in which the participant has greater need to keep fully abreast of the field. The accepted and probably the best means of doing this for the physician is by going frequently, perhaps yearly, to the great medical centers for instruction.

But because of our isolation, medically speaking here in Utah, and the trying nature of a physician's work, it is safe to say that the average practitioner does not and probably cannot keep pace with the art and the science of medicine by this means. Some partial substitute must be sought. And naturally, when any considerable body of people finds it impossible to go to education, the first alternative is to bring education to them.

Precisely this is being done on a large scale in connection with other highly specialized fields, and the machinery for doing it in most States is well established in our large educational institutions. This in our opinion is the way in which the matter may well be handled here in the future. A State medical society is not primarily an educational institution, nor is it specially organized to conduct courses of instruction. Better than anyone else, however, it does know what instruction it wants. The State University is an educational institution, organized for instruction, and is already carrying instruction of a general nature to thousands of people, and highly specialized instruction to many technical groups. Furthermore the University of Utah is an integral part of the State machinery, maintained to serve the educational needs of the State, and is not in the business for a profit. It seems entirely feasible in the future for the Committee on Graduate Work of the State Medical Association to act in an advisory capacity with the State University in planning graduate instruction in medicine during the summer months, not only in Salt Lake City, but in any community within a day's travel where an enrollment of a dozen to fifteen men can be secured. The services of some of the best clinical teachers of medicine in the country could probably be enlisted for the work. Many such men are on a full time teaching basis at the large medical schools and are comparatively unoccupied during the summer months. The three larger cities of Utah—Salt Lake, Ogden, and Provo, for instance, are so situated that a course meeting every third day might given simultaneously by one instructor, and later, cities farther out might be included as the required number is secured.

Your committee understands that the University is ready and willing to develop such a plan with the approval and co-operation of the State Association, and is willing also to undertake the finan-

cial responsibility. Those of you who have read the issue of the Journal of the American Medical Association for June 9, 1923, will recognize the fact that many of the foregoing suggestions are already being worked out in the State of North Carolina by the State University and the medical profession. North Carolina has gone further in this respect than any other State in the Union. It so happens that the Director of Extension here at our own State University has been in close personal touch and conference with the Director of Extension at the University of North Carolina while the plan there has been developing. Investigation in the direction of the foregoing suggestions is heartily recommended to the State Association and to its incoming Committee on Graduate Work.

President Landenberger stated that George Thomas, president of the University of Utah, in his talk at the Scientific Session this morning, had brought up a very important matter—that of the Medical School of the University. President Thomas said:

"Gentlemen of the Utah State Medical Association: I am very happy to meet with you this morning, and it is unnecessary for me to say to you that you are right welcome here on this campus. We are happy to have you with us, and we want to do everything we can to make your sojourn here pleasant. If things are not to your liking, if you will only say the word, we shall be glad to make them so.

"I am going to take the few minutes allotted to me to discuss with you the question of the Medical School of the University of Utah. The Utah Medical School has received considerable criticism from the medical fraternity of the State. Some of this may have been justified, but we are now reorganizing, with a view of overcoming as many of these just criticisms as we can. I know that many of you feel that the Medical School of the University should be abolished. I myself shared in that feeling, and last winter went to Chicago to interview the officers of the Council on Medical Education, with a view of obtaining a recommendation that the school be closed. Instead of supporting such a program, Dr. Bevan and Dr. Colwell opposed closing the school. On the contrary, they urged that we look forward in the near future to the establishment of a four-year medical school.

"So if this school is to continue, it will be because the officials of the American Medical Association are urging that the school continue. And I feel that if your officials urge such a program that we have a right to ask the doctors of the State of Utah to support us in such a program. I ask you gentlemen, in the course of your business transactions, to appoint an educational committee to investigate the school and make such recommendations as they feel necessary in order to make the school what it should be.

"We should co-operate. We want to open these laboratories to the use of the doctors of Utah. This is your school, as citizens of the State, and I feel it is your duty to co-operate with us to make it a satisfactory institution, so that you can encourage the boys of the State to do their first two years' work here. If we cannot make the school such as to receive the support of the majority of the doctors of this State, then it appears to me that there is only one thing to do and that is to close it up. I believe, however, before that thing is done, and in view of the fact that it is your officials who are urging that the school be kept open, that we are entitled to your co-operation, so that we can have you work with us to do the best we can before we consider discontinuing it.

"We are spending nearly a thousand dollars a student in the maintenance of this school. We should have more money, but it is impossible for us to get it if you men scattered throughout the State assume an unfriendly attitude toward the in-

stitution. May I ask, therefore, for your co-operation and friendly criticism and the appointment of an educational committee, so that they can go over the work with a view of improving it and making it better? I am satisfied that if we will get together on it, we can make the institution such as you gentlemen will be willing to support.

"In closing, may I again repeat that you are welcome to our campus. We want to do everything that we can to make it pleasant for you, and we invite you to return again next year."

President Landenberger: In reference to President Thomas' report, I believe that we ought to do something immediately. Upon unanimous consent, the president appointed the following as a committee to confer with President Thomas: R. R. Hampton, chairman; F. A. Goeltz, H. P. Kirtley, Clarence Snow, J. R. Morrell, E. F. Root, and D. C. Budge. The president urged the component county societies to see that their delegates or alternates were all present. Whereupon, the meeting adjourned, upon motion duly made, seconded, and carried.

### HOUSE OF DELEGATES

June 21, 1923. Meeting called to order at 1 p. m. by President Landenberger.

Roll call of House of Delegates; quorum present.

President Landenberger announced that reports not given yesterday would be given at this meeting.

#### Committee on Health and Public Instruction, F. H. Raley, Chairman

The Committee on Health and Public Instruction reports that it has held no meetings during the past year. The reason for not calling this committee together is that there were so many other committees engaged in similar efforts, it seemed to the chairman a duplication of effort for this committee to attempt any program.

#### Report of Committee on Necrology, D. L. Barnard, Secretary

(Read by the secretary in Dr. Barnard's absence.)

The Association is to be congratulated that no more of our number have passed to the beyond since the last report of the Committee on Necrology.

Albert S. Bower died March 31, 1923, in California, at the age of 67. Dr. Bower was born in Indiana in 1852. He was graduated from Jefferson Medical College in 1882 and was licensed in Utah in 1893. Soon after coming to this State he became associated with Dr. Hamilton, once a famous figure in Salt Lake. He was intimately connected with St. Mark's Hospital, for years filling a staff position. He was the sixth president of the Utah State Medical Association, serving in 1900. Most of you remember Dr. Bower's untiring activity, which, indeed, was a happy qualification for one following his chosen specialty of obstetrics.

About two years ago Dr. Bower discontinued his practice in Salt Lake and moved to California, where he lived to the time of his death. For the past two years Dr. Bower has not been a member of this State Association, but he was one of us for so long and was so well known that we beg leave to present the following resolution:

Be it resolved, that the Utah State Medical Association desires to express its regret over the passing of its one-time president, Dr. Albert S. Bower. His genial personality, his intense activity, his interest in his work, are traits that stamp him not dimly upon our memories. But, perhaps, his most pleasing characteristic was his friendliness toward young physicians, and many may be here who remember words of encouragement extended them in their beginnings by this our friend.

To his family this Association extends its sympathy, and our secretary is hereby instructed to communicate this resolution to them and to spread same upon the minutes of the Association.

#### Report of Committee on Gorgas Memorial, Spencer Wright, Chairman

(Read by the secretary in Dr. Wright's absence.)

Early last fall, after the assignment to the committee, we wrote Charles L. Richardson, chairman of the National Committee on the Gorgas Memorial in Washington, D. C., for information regarding our task. When no reply was received to this letter some months later, we wrote Olin West, secretary of the American Medical Association at Chicago, telling him we were unable to get any advice on the subject and to please help us out, unless the plan had been abandoned. Dr. West replied to the effect that he would take the matter up and advise us of any action our Association should take. To date we have not received a second letter from Dr. West, so we suppose the matter of the Gorgas Memorial has been dropped, at least so far as State societies are concerned.

#### Committee on Industrial Medicine, S. D. Calonge, Chairman

The report I am presenting is a classified report of the injuries and cases handled by the committee—Dr. Allen, Dr. Ward, and myself—while we were acting as medical committee with the Industrial Commission. If any of you wish to look this map over to see the number of cases coming under each classification, you are at liberty to do so. There were 228 cases handled on which we were asked to estimate the percentage of disability, either permanent or total. Sixty-one were accompanied by X-ray of present or previous conditions. We also handled and assisted in adjusting 160 disputed bills between insurance companies and physicians. These disputed bills were in nearly every case due to the fact that the requirements of the committee were misunderstood, not because the doctors had padded their bills. Since the time a special committee was appointed there has been no trouble.

Recommendations: That the committees appointed for this work serve four months. They have always served without any pay whatsoever. The Industrial Commission admits it could not carry on its work without our aid, and therefore the doctors should be paid for this work. Some arrangements should be made for a new fee bill. The Industrial Committee called upon the insurance companies to accept the fees that were allotted. One of the most important things this committee was able to help put over was that when a doctor is summoned before the Industrial Commission he is allowed an expert's fee for that service. The Industrial Committee had previously subpoenaed them, but did not pay them. They now refuse to subpoena any doctor unless the insurance companies will pay them an expert's fee. I shall read this classified report to the officers of the Association, and it may be interesting to you to see the different classifications that come under this work.

#### Examinations Made by Medical Advisory Committee, Composed of Dr. S. D. Colonge, Chairman; Drs. D. K. Allen and W. T. Ward, for the Industrial Commission of Utah.

FRACTURES	
Head .....	3
Shoulder .....	4
Arm .....	3
Forearm .....	11
Spine .....	21
Chest .....	14
Pelvic .....	8
Leg .....	6
Lower leg .....	12
Ankle .....	7
Foot .....	4
Knee .....	4
Thigh .....	1
AMPUTATIONS	
Finger .....	12
Leg .....	1
Lower leg .....	1

## HEART

Heart ..... 1

## OTHER INJURIES

Head ..... 10

Eye ..... 6

Ear ..... 4

Nose ..... 1

Facial ..... 4

Neck ..... 1

Shoulder ..... 2

Back ..... 17

Chest ..... 3

Abdominal ..... 10

Arm ..... 9

Hand ..... 7

Thigh ..... 12

Leg ..... 9

Foot ..... 14

Nerve ..... 4

## X-RAY READINGS

61

## INFECTIONS

Rheumatic ..... 1

Others ..... 6

## NERVOUS CONDITIONS

5

Total ..... 238

X-rays ..... 61

Medical and surgical bills adjusted ..... 106

Examinations made ..... 71

Re-examinations made ..... 16

This does not include opinions on medical bills.

Dr. Black: Is there any provision made by the Commission to take care of the fee recommended by your committee?

Dr. Calonge: Absolutely none. The members of this committee are required to spend half a day a week at this work, and there is hardly a week when we don't have to spend two or three hours in our own offices in work for the Commission. The Commission is in favor of having some provision made for payment of the doctors, but are not in a position to do it themselves; so they want the profession to take some action.

Dr. Landenberger: What do you recommend, and what does the Industrial Commission recommend?

Dr. Calonge: That the Medical Association appoint a committee to work with the Legislature to have proper provision made for the payment of the physicians of this State, and that the committee be kept in this Association and be not allowed to get into politics.

Dr. Black presented the following resolution:

Resolved, that a special committee from the Utah State Medical Association be appointed to confer with the present members of the State Industrial Commission as to means of providing payment for services rendered by the medical committee to the State Industrial Commission; and we recommend the present medical committee as members of this special committee, Dr. Calonge to act as chairman. Motion seconded and unanimously carried.

**Committee on Lay Publication and Betterment League, A. A. Kerr, Chairman; W. L. Lindsay, W. G. Schulte, Clarence Snow, R. R. Hampton and W. A. Colton, Members.**

The committee met four or five times during the present year. The matter of lay publications and an official publication for the Utah State Medical Association were discussed. The California plan was described and recommended by A. C. Behle, former president of the Utah State Association. The utilization of the Utah Public Health Association and its publication was suggested by J. C. Landenberger. The difficulty encountered by this committee in making definite arrangements for publication in the lay press or through an official organ of the State Association lay in the lack of proper authority and financial support. During the small-pox epidemic in Salt Lake City, the local press co-operated with this committee in giving out in-

formation in regard to vaccination and other methods of prevention. After one year's work and some thought on this subject, the committee has the following to recommend for the furtherance of health education:

1. Co-operation with organizations already in existence, such as State Board of Health, City Boards of Health in various communities, the United States Public Health Service, Dental Societies, Pharmacists, Nurses' Organizations, and all related societies.

2. As methods for health education, we recommend that whenever feasible the lay press be utilized for dissemination of medical data in simplified language.

3. That if funds are available, the State Medical Association publish a monthly health bulletin to be distributed in the various communities of the State.

4. As methods of educating the public in health matters, we endorse the work of the local community clinic under the auspices of the County Medical Society; the work of the traveling clinic as conducted by Major Knight and Warren A. Colton in the interests and prevention of tuberculosis, and the discovery of active cases in the State under the direction of the United States Public Health Service; the work of Dr. Barber in maternity welfare work through funds provided by the Federal Government and under direction of the State Health Department; the conduct of health shows similar to that held in this city, June 6 to 10, 1923, under the leadership of St. Clair Drake. We recommend that, if feasible, this show be repeated from year to year, and that physicians take a more active part in the conduct of such shows. We endorse the work of the American College of Surgeons in standardization of hospitals throughout the United States.

5. We invite the advice and co-operation of all organizations interested in public health publications and education, and in this connection we endorse the A. M. A. publication "Hygeia."

## New Business

J. R. Morrell brought up the matter of the Northwest Medical Convention being held at the same time our meeting is held, stating he had received letters from that body asking that we work with them in making the Northwest convention a success and not hold our meetings in conflict with theirs, because if the A. M. A. is districted as has been proposed, Utah would likely be affiliated with the Northwest.

Dr. J. E. Tyree also spoke along this same line, the main discussion being whether Utah would affiliate with the California States or the Northwest States. The discussion resulted in Dr. Morrell moving that a committee be appointed to investigate this matter and make recommendations to the house. Motion seconded and carried unanimously. The chair appointed J. R. Morrell, J. J. Galligan and John S. Sharp as this committee.

The matter of the various cults making use of the Medical Caduceus was brought up by John Z. Brown with the suggestion that this insignia should be protected, if possible. Dr. Raley moved that a committee be appointed to take this matter up with the A. M. A. to see if the caduceus is copyrighted and to find out if this insignia is really being used by those who are not entitled to it. Seconded and carried unanimously. The chair appointed L. J. Paul, J. O. Evans and T. C. Gibson to act as this committee. Dr. Goeltz brought up the matter of delegates and alternates, stating he could find nothing in either the State or county society by-laws that would be a guide on just how these alternates should be seated. He moved that a standing committee be appointed to be called the Credentials Committee, to be composed of three members and the secretary; that this committee should pass on all credentials and bring recommendations to this house as to how the work should be carried on.



Seconded and carried unanimously. The chair appointed F. A. Goeltz, D. K. Allen and T. A. Flood as the Credentials Committee.

Dr. Landenberger announced that an amendment to the constitution and by-laws had been proposed at the last meeting; that it had been published in Northwest Medicine and also in the program, and was to be voted on at this meeting. Adoption of the amendment required a two-thirds vote of the house. The proposed amendment was then duly read as follows:

Article IX, Section 1. The officers of this Association shall be a president, a president-elect, three vice-presidents, a secretary, a treasurer, and three councilors. Vote on this amendment was taken and carried unanimously.

Dr. Kirtley read the following resolution and moved its adoption:

Resolved, that this Association hereby extends to President Thomas and his associates in the University our very grateful thanks for the many courtesies extended to us during our 1923 session. The perfection of the arrangements made for our convenience and comfort, the co-operation of the campus personnel, and the generous use of the University's equipment have made this our most successful meeting, and our appreciation is both enthusiastic and unanimous. Seconded by Dr. John Z. Brown and carried unanimously.

Dr. Kirtley brought up the matter of paying dues of "life" members of the County Society to the State Association, stating that the County Societies would like relief, inasmuch as the State dues had been raised from \$2 to \$8 within the past few years. Dr. Hatch suggested that this matter be handled by the Finance Committee when the re-adjusted budget was planned. The chair informed the house that the Council was the Finance Committee and this matter could be handled by them. He asked that a resolution be drawn up in writing and a report be made at the next meeting of the house.

#### **Report of the Delegate to A. M. A., E. M. Neher, Delegate**

At our meeting last fall we reported the proceedings of the American Medical Association convention held at St. Louis. This year's meeting takes place next week at San Francisco.

Since our last meeting we had a letter from the speaker of the House of Delegates, asking us for suggestions and criticisms. The contents of this letter were sent to the president of the State Association, asking for instructions to your delegate. Up to date no formal reply has been received.

However, we wrote a letter to the speaker of the House of Delegates, offering the following suggestions:

1. That 80 per cent of the doctors of Utah had declared in favor of the American Medical Association carrying the liability insurance of its members.

2. The profession in our State recognizes both advantages and disadvantages of dividing the country into sections for the purpose of holding mid-year meetings, but we felt the majority were in favor of holding such meetings.

3. We proposed that the House of Delegates, through its Educational Committee, use its influence in having a short course in medical ethics and medical psychology given by our medical colleges.

#### **Report of the Reference Committee, F. A. Goeltz, Chairman**

Your Reference Committee, composed of F. F. Hatch, F. H. Raley and myself, have carefully gone over all the reports made at this meeting, and desire to make the following report:

That we accept the report of the secretary, William L. Rich.

That the report of the treasurer be accepted as read.

We ask that the report of the Council be divided into two sections—the complete report of the Council, and reports by each of the councilors. (At this

point some discussion took place regarding Dr. Rees' report on the Cache Valley Society, and Dr. Rees was asked to re-read his report, which he did.) That we accept the report of the Council and the reports of each councilor, as read by Dr. Rees. Regarding the suggestion by the Council that the fiscal year be changed from April to January, if this change is made it would necessitate a change in the constitution and by-laws, and we therefore suggest that this matter be referred back to the Council for reconsideration.

That the report of the president be accepted.

That the report of the Committee on Public Policy and Legislation be accepted, also the report of the sub-committee on Public Policy and Legislation, with a vote of thanks for the work accomplished by these committees.

That the report of the Committee on Professional Welfare and Ethics be accepted, but that the report be not published with the proceedings of this meeting, and that a copy of this report be forwarded to each of the secretaries of the component county societies.

That we accept the report of the Committee on Education and Post-Graduate Work, H. L. Marshall, chairman.

That we accept the report of the Committee on Arrangements, W. N. Pugh, chairman.

That the work of the Committee on Scientific Work, Ernest Van Cott, chairman, speaks for itself, as all who have attended the scientific meetings know.

That the matter brought up by President Thomas of the University be given immediate attention.

That the report of the Committee on Health and Public Instruction be accepted, also the report of the Committee on Necrology, and the report of the Committee on the Gorgas Memorial.

That we accept the report of Dr. Calonge, chairman of the Committee on Industrial Medicine, also the report of the Committee on Lay Publication on Betterment League, A. A. Kerr, chairman.

Moved by L. J. Paul, duly seconded and unanimously carried, that the report of the Reference Committee be accepted.

#### **Third Session—June 22, 1923**

Meeting called to order by the president at 1 p. m.

Minutes of meeting of the 21st read, and, with one exception, approved as read.

The matter of seating delegates was the first order of business. Roll was called and those delegates not present were replaced with duly qualified and elected alternates, the alternates taking the place of the delegates in the order of their appearance on the roll in the program.

President Landenberger announced that the annual election would now take place; that the House of Delegates was to elect a president, three vice-presidents, a president-elect, a secretary (three-year term), a treasurer, and a councilor for the first district (three-year term); that the voting would be by ballot.

President: H. Y. Richards nominated J. R. Morrell.

E. R. Dumke nominated E. M. Conroy.

Moved, seconded and carried that nominations close.

Ballot taken, with the following result: Morrell 19, Conroy 18.

Moved by E. R. Dumke, duly seconded and carried, that the vote for Morrell be made unanimous, which was done; thereupon, the secretary declared J. R. Morrell elected as president for the ensuing year.

President-elect: B. W. Black nominated Sol G. Kahn.

Joseph Hughes nominated D. C. Budge.

F. F. Hatch nominated J. W. Aird. (Dr. Aird declined, as he had been president one term.)

Ballot taken, with the result that Dr. Kahn received 20 votes, Budge 17.

Moved by Dr. Budge that Dr. Kahn's election be made unanimous. Seconded and carried unanimously. Whereupon, the secretary announced that Dr. Kahn was elected president-elect.

First Vice-President: R. R. Hampton nominated L. B. Laker of Eureka.

John Z. Brown moved that nominations close, and that the rules be suspended and Dr. Laker be elected by acclamation, the secretary being instructed to cast the entire vote of the House of Delegates for Dr. Laker. Seconded and unanimously carried; thereupon, the secretary announced that Dr. Laker was elected first vice-president.

Second Vice-President: C. L. Shields nominated T. C. Gibson.

Moved by Raley that nominations close, and that the rules be suspended and the secretary be instructed to cast the vote of the house for Dr. Gibson. Seconded and carried; whereupon, the secretary announced that Dr. Gibson was elected second vice-president to serve for the ensuing year.

Third Vice-President: E. G. Hughes nominated Homer E. Rich of Vernal.

There being no further nominations, the secretary was instructed to cast the vote of the house, and Homer E. Rich was declared elected third vice-president for the ensuing year.

Secretary: W. G. Schulte nominated William E. Rich, and moved that nominations close and the secretary be instructed to cast the vote of the House of Delegates for Dr. Rich. This motion was duly seconded and carried unanimously, and the president announced Dr. Rich unanimously elected as secretary for a three-year term.

Treasurer: F. H. Raley nominated the present treasurer, F. L. Peterson.

There being no further nominations, the secretary was instructed to cast the vote of the entire house for Dr. Peterson; whereupon, he was announced as having been elected.

Councilor for the First District: H. G. Richards of Ogden nominated W. E. Whalen.

E. G. Hughes nominated G. L. Rees.

Ballot taken, with the result that Dr. Whalen received 19 votes and Dr. Rees 17.

Dr. Rees moved that Dr. Whalen's nomination be made unanimous. Motion seconded and carried unanimously; whereupon, the secretary announced that Dr. Whalen was elected as councilor of the First District for the ensuing year.

The president announced the result of the election as follows:

President.....J. R. Morrell, Ogden  
President-elect.....Sol G. Kahn, Salt Lake  
First vice-president.....L. B. Laker, Eureka  
Second vice-president.....T. C. Gibson, Salt Lake  
Third vice-president.....Homer E. Rich, Vernal  
Councilor, First District.....W. E. Whalen, Ogden  
Secretary (three-year term).....Wm. L. Rich, Salt Lake  
Treasurer.....F. L. Peterson, Salt Lake

The following letter was read by E. M. Neher:

House of Delegates,  
Utah Medical Association.

Gentlemen: We find it is impossible for us to represent your Association at the San Francisco meeting of the American Medical Association, so we respectfully tender our resignation as delegate to said meeting.

Thanking you for the honor, we remain,

Very sincerely,

(Signed) E. M. Neher,

Augustus C. Behle, Alternate.

Moved by H. P. Kirtley, seconded by John Z. Brown, that we accept the resignations of E. M. Neher as delegate to A. M. A., and Augustus C. Behle as alternate, for the coming convention of the A. M. A. at San Francisco. Unanimously carried.

Moved by F. A. Goeltz, seconded by T. A. Flood, that William L. Rich be appointed delegate to the

A. M. A. to represent the Utah State Medical Association at the coming convention of the A. M. A. at San Francisco. Motion unanimously carried.

The following resolution was read by the secretary:

#### Resolution on the Training of Disabled Soldiers in Chiropractic

Whereas, It is noted that certain veterans of the World War are being trained by the Federal Government with the employment objective as chiropractors; and

Whereas, The schools teaching this particular type of training accept the prospective trainees without having sufficient preliminary training to enable them to intelligently pursue courses of instruction in the healing art, and that the courses of instruction taken to qualify them to practice this branch of the healing art are not based upon scientific principles; and

Whereas, Inadequately trained men who may be licensed to practice the healing art prey upon the ills of humanity; therefore be it

Resolved, That the House of Delegates of the Utah State Medical Association, in annual session assembled, representing more than three hundred (300) of the legally qualified physicians of the State of Utah, adequately trained in the arts and sciences (the only foundation for the recognition, control and prevention of disease), petition the United States Government, particularly those officers charged with the responsibility for the rehabilitation of disabled ex-service men, to take such action in the interests of the welfare of all the people and also for the protection of those who honestly desire to administer to the sick, to the end that the ex-soldiers seeking vocational training which will fit them for ministering to the sick and aiding in the recognition, control and prevention of disease, shall at least meet the requirements and shall receive such adequate training as is defined in the classification of medical schools of the American Medical Association, known as Class A, or acceptable medical schools—a standard which is approved by all right-thinking people moved by a desire for public welfare; and be it further

Resolved, That we petition those officers directly concerned, that there be no more training of ex-service men in any cult at this time or in the future that does not conform to the requirements of Class A colleges as defined by the American Medical Association.

That a copy of these resolutions be sent to the director of the U. S. Veterans' Bureau, Washington, D. C., and a copy to each member of Utah's Congressional delegation, and that a further copy be sent to the Special Senatorial Investigating Committee, now in session, in care of General O'Ryan, legal counsel. Moved by F. W. Taylor that we accept this resolution as presented. Seconded by L. F. Paul, and unanimously carried.

President Landenberger announced the choosing of a place for the meeting of next year as the next business.

D. C. Budge invited the Association to come to Logan. F. H. Raley stated that Dr. George Thomas of the University of Utah had invited the Association to come to the University again. Dr. Worley invited the Association to come to Ogden, the home of the new president. E. G. Hughes moved that we accept the invitation of the Cache Valley Medical Society to meet in Logan next year. Seconded and unanimously carried. Whereupon, the chair announced that the next annual meeting would be held at Logan.

Dr. Hampton, chairman of the committee appointed to talk with Dr. George Thomas of the U. of U. regarding the State Medical School, stated that the time had been too short to do anything and that they would look after this matter later when more time could be given to it.

President Landenberger stated that Dr. Rush had asked that the House of Delegates pass a resolu-

tion regarding the work of the American Society for the Control of Cancer; also that they wished the State Association to help them appoint speakers to aid them in their work.

It was moved, seconded and unanimously carried that Dr. Rush be told that he had the unanimous support of the State Association in his work, and that we would do all possible to aid and help the American Society for the Control of Cancer.

Moved by F. A. Goeltz, seconded and carried, that all matters of credentials be left with the Credentials Committee, to be later passed on by the Council. Seconded and carried.

The question of dues was raised by F. F. Hatch, who moved that the \$8 dues be reduced to \$4. The secretary stated that the dues were raised to \$8 at the last meeting of the House of Delegates by a four-fifths vote of the house, and that they would stay at \$8 unless changed by a majority vote. Dr. Hatch's motion was seconded, and, upon a rising vote, was lost, the dues remaining at \$8.

Dr. H. P. Kirtley stated that, in connection with his report as chairman of the Committee on Professional Welfare and Ethics, he would like to include President Landenberger's address given at the banquet, and moved that the president's address be included with the report of the Committee on Professional Welfare and Ethics, and a copy of it be sent to the component county societies. Seconded and carried unanimously.

Moved by Homer E. Rich that the secretary forward to each member of the State Association the substance of the pledge made at the banquet in connection with President Landenberger's report, these pledges to be signed and returned to the Association. D. C. Budge stated he did not think it would be good policy to put this in writing, and Dr. Rich withdrew his motion.

Moved by Fred W. Taylor that the officers of the past year be given a vote of thanks for their splendid work during the past year; seconded by D. C. Budge and carried unanimously.

Upon motion, duly seconded and carried, meeting adjourned sine die.

#### MEDICAL WOMEN'S NATIONAL ASSOCIATION

The ninth annual meeting of the Medical Women's National Association was held in San Francisco, June 25 and 26, in conjunction with the American Medical Association meetings, Grace N. Kimball, president; Kate Campbell Mead, president-elect. At the open session, Monday evening, Ray Lyman Wilbur, president-elect of the A. M. A., delivered an eloquent and inspiring address on the power of the minority.

At the open session, Tuesday morning, a five-year program was presented by the executive committee and council, and was adopted. This program is under five heads:

1. Continuation of the work of the Committee on Medical Service, American Women's Hospitals; Esther P. Lovejoy, M. D., chairman, 637 Madison avenue, New York.

2. Federation of Medical Women's Organizations with the Medical Women's National Association, under Organization Committee; Gertrude A. Walker, chairman, Whitefield, N. H.

3. Public Health, co-operating with A. M. A. Council on Health and Public Instruction, Hygiene, and Women's Foundation for Health, etc.; Elizabeth B. Thelberg, M. D., chairman, Vassar College, Poughkeepsie, N. Y.

4. Committee for Medical Opportunities for Women; Sue Radcliff, M. D., chairman, 21 Morris street, Yonkers, N. Y. Internships for young graduate members of the M. W. N. A., in hospitals conducted by the American Women's Hospitals; in Missionary hospitals and in hospitals in U. S. A., as well as opportunities for private practice, service on boards of health, Government appointments, etc.

5. Publicity for the Medical Women's National Association through the Bulletin and an editorial staff, consisting of the president and executive committee, president-elect, and an editor-in-chief. Grace N. Kimball, M. D., Poughkeepsie, N. Y., was appointed editor-in-chief.

The Bulletin, which was published quarterly last year, will be continued as the official organ of the association and sent to all members of the M. W. N. A.

An amendment to the constitution was passed, providing for Group Membership. This was in response to proposals for federation made last year by certain State societies of medical women. Under the Group Membership amendment, organizations of women whose basis of membership conforms to that of the M. W. N. A., viz., membership in the A. M. A., may join the national as group members: Kansas State Medical Women's Society; New York State Medical Women's Society; Connecticut State Medical Women's Society; Portland, Ore., State Medical Women's Club, affiliated through their representatives at the San Francisco meeting.

The Nebraska, Los Angeles and New England Medical Women's societies signified their desire to take action regarding affiliation.

The M. W. N. A. had a most interesting exhibit. Booth E of the A. M. A., scientific and educational exhibits, showing the work of the American Women's Hospitals in Greece and Serbia. Twenty hospitals and a large number of dispensaries are being run by this committee of the M. W. N. A. in Greece alone, under the directorship of Dr. Mabel Elliott, New York Headquarters, 637 Madison avenue, New York; Dr. Esther P. Lovejoy, Executive Secretary.

Four periods on the A. M. A. moving picture theater were assigned to the National—a film of Work in Greece, Crete and the Quarantine Work on Macronesi Islands, shown by Esther Lovejoy; and slides of hospital and surgical work in Serbia, under Etta Gray.

Kate Campbell Mead, of Middleton, Conn., was installed as president. Katherine C. Manion, of Port Huron, Mich., was chosen president-elect.

The following officers and councilors were elected: First Vice President, Martha Welpton, San Diego; Second Vice President, Marjory J. Potter, San Diego; Third Vice President, Florence W. Duckering, Boston, Mass.; Secretary, Jessie W. Fisher, Middletown, Conn.; Treasurer, L. Rose H. Gantt, Spartanburg, S. C.

The 1924 annual meeting of the Medical Women's National Association will be held in Chicago.

#### ECHOES FROM SAN FRANCISCO

Referring to it as a three-ring circus but faintly expresses the COMBINED CALIFORNIA CONGLOMERATE.

And yet everything was done decently and in order.

Of course, no swivel-eyed human yet created could see everything.

The Hospital Clinics were of a high order.

Several of the side shows, such as the American Therapeutic Society and the Society for the Study of the Internal Secretions, were by themselves worth a trip to San Francisco.

That Alameda County Barbecue was an event that will cling to the palate of our memory for many a day.

And, Oh Boy, it was too bad that you had to miss those wonderful sessions of the M. W. N. A. Cheer up, the Bulletin will let you in on some of it.



## Nevada State Medical Association

By HORACE J. BROWN, M. D., Reno, Secretary Nevada State Medical Association, Associate Editor for Nevada.

J. LA RUE ROBINSON, Reno, President

**TWENTIETH ANNUAL MEETING OF THE NEVADA STATE MEDICAL ASSOCIATION, RENO, SEPTEMBER 28, 29, 30, 1923.**

### Official Call

To the Officers and Members of the Nevada State Medical Association:

The twentieth annual session of the Nevada State Medical Association will be held at Bower's Mansion, Nevada, on Friday, September 28; Saturday, September 29, and Sunday, September 30, 1923.

All active and honorary members are cordially invited to be present, as well as all others who receive this notice.

Headquarters will be Hotel Golden, Reno. Ample transportation facilities will be provided.

If you will attend the meeting, advise the secretary at your earliest convenience.

John LaRue Robinson, President.

Attest:

Horace J. Brown, Secretary-Treasurer.

### Program

At the date of going to press the program for the annual meeting is incomplete, but the following is the list of essayists that will help to make up the contributors on September 28 and 29:

President's Address—John LaRue, Reno.

C. P. Knight, Surgeon U. S. P. H. S., Washington, D. C.—"Some Observations on Health Conditions in Nevada."

William A. Shaw, Elko—"A Peculiar Manifestation of Focal Infection, Treatment and Apparent Cure—Three Case Histories."

Maxmillian L. Herzig, Seattle—"Undescended Testicle Complicating Acute Appendicitis—Report of Case."

Thomas Wilbur Bath, Reno—"Septic and Aseptic Wounds, and Wound Closure."

A. W. Morton, San Francisco—"Report of a Case of Acute Osteomyelitis of the Femur."

George F. Farman, Los Angeles—Subject to be announced.

Walter Wessels, Los Angeles—Subject to be announced.

Martin Molony, San Francisco—"Congenital Diverticulum of the Posterior Urethra With Some Remarks on the Modern Method of Treating Chronic Seminal Vesiculitis."

William N. Kingsbury, Reno—"Generalized Osteitis Fibrosa Cystica."

Carl G. Wilson, Palo Alto, Calif.—"A Plea for Improvement in Post-operative Care of Laparotomy."

Claude E. Piersall, Reno—"Present Status of X-ray and Radium Therapy."

Luncheon will be served at Bower's Mansion on Friday and Saturday, and there will probably be a formal banquet in the new banquet room of the Hotel Golden on Saturday night, to which the ladies will be invited. The entire day Sunday will be spent at Pyramid Lake, under the direction of the entertainment committee, where bathing, fishing, and boating may be indulged in. The ladies will be expected to attend this event, of course, and help to dispose of the barbecue dinner and supper.

**Membership**—There are several new doctors in the State and we feel sure that if some one were to invite them to join that they would be glad to do so. We try to send a few copies of the Bulletin to each new physician that we know of in hopes that he will accept our invitation to make application, but it would be much nicer if one of our members

were to make it a personal invitation. This issue of the Bulletin goes to several new eligibles and we hope they will accept it as an invitation to apply for membership. We will be glad to send an application blank to any one that will drop us a line asking for same. The dues are \$5 per year. If you live in a county where there is a county society, application should be made to it; if not, you can apply direct to the State Association. We would like to hear from several of our old members that must have a guilty conscience.

Dr. and Mrs. M. R. Walker, Reno, have returned from a vacation spent on an Alaskan trip.

## Pharmacology and Therapeutics

### COUNCIL ON PHARMACY AND CHEMISTRY OF THE A. M. A.

(Reported by W. A. Puckner, Secretary)

The August report of the Council on Pharmacy and Chemistry notices a number of new remedies admitted to New and Non-official Remedies, as well as some interesting data about other remedies:

**Sofos.**—A mixture of sodium dihydrogen phosphate and sodium hydrogen carbonate (sodium bicarbonate), rendered stable by coating the particles of one of the constituents with disodium hydrogen phosphate. One part of sofes has the same phosphate value as 1.75 parts of sodium phosphate U. S. P. When sofes is treated with water, sodium phosphate ( $\text{Na}_2\text{HPO}_4$ ) is formed and carbon dioxide is set free. Sofes has the physiologic action of sodium phosphate. It differs from the effervescent sodium phosphate preparations in that it is free from citrate or tartrate. General Chemical Co., New York.

**Pollen Extracts—P. D. & Co.**—Liquids obtained by extracting the proteins from the dried pollen of various species of plants. The products are standardized in "units," a unit being the extractive obtained from 0.002 mg. of pollen. For a discussion of the actions and uses of pollen preparations, see Pollen and Epidermal Extract Preparations and Biologically Reactive Food Proteins, New and Non-official Remedies, 1923, p. 234. These preparations are marketed in packages for diagnostic use, and in packages intended both for diagnostic use and for treatment. The following preparations are marketed: Pollen Extract Ragweed (P. D. & Co.) and Pollen Extract Timothy (P. D. & Co.; Parke, Davis & Co., Detroit). (Jour. A. M. A., July 7, 1923, p. 27.)

**Sulpharsphenamine-Billon.**—A brand of sulpharsphenamine (N. N. R.). (See Jour. A. M. A., March 31, 1923, p. 919.) It is marketed in ampules containing, respectively, 0.1 gm., 0.2 gm., 0.3 gm., 0.4 gm., 0.5 gm., and 0.6 gm. (Powers-Weightman-Rosengarten Co., Philadelphia).

**Radium Emanation (Radium Emanation Corporation).**—The emanation, mechanically removed from a solution of a radium salt, in admixture with inert gases. It is supplied in sealed glass capillary tubes, each tube accompanied by a statement of the amount of radium emanation in terms of milligram contained in it at the time of sale. The radiation from radium emanation as a therapeutic agent is analogous in all respects to that from radium and its salts, except that the activity decreases rapidly. (See Radium and Radium Salts, New and Non-official Remedies, 1923, 255.) The intensity of radium emanation decreases rapidly through decay (at the rate of about three-fourths per cent per hour). Radium Emanation Corporation, New York. (Jour. A. M. A., July 21, 1923, p. 213.)

**Pollen Protein Allergens-Squibb.**—In addition to

the products described in New and Non-official Remedies, 1923, p. 241, the following have been accepted: Ash Pollen Allergen-Squibb; Hickory Pollen Allergen-Squibb; Honeysuckle Pollen Allergen-Squibb; Maple Pollen Allergen-Squibb; Oak Pollen Allergen-Squibb; Pine Pollen Allergen-Squibb; Poplar Pollen Allergen-Squibb. E. R. Squibb & Sons, New York.

**Animal Epidermal Extracts Allergens-Squibb.**—In addition to the products described in New and Non-official Remedies, 1923, p. 241, the following have been accepted: Beaver Fur Allergen-Squibb; Chamois Skin Allergen-Squibb; Civet Cat Fur Allergen-Squibb; Fox Fur Allergen-Squibb; Kolinsky Fur Allergen-Squibb; Leopard Fur Allergen-Squibb; Mink Fur Allergen-Squibb; Muskrat Fur Allergen-Squibb; Mole Fur Allergen-Squibb; Opossum Fur Allergen-Squibb; Persian Cat (Angora) Fur Allergen-Squibb; Pony Fur Allergen-Squibb; Raccoon Fur Allergen-Squibb; Seal (Alaskan) Fur Allergen-Squibb; Seal (Hudson) Fur Allergen-Squibb; Sheep's Wool Allergen-Squibb; Skunk Fur Allergen-Squibb; Squirrel Fur Allergen-Squibb.

**Food Allergens-Squibb.**—In addition to the products described in New and Non-official Remedies, 1923, p. 242, the following have been accepted: Apricot Allergen-Squibb; Butterfish Allergen-Squibb; Cocoa Allergen-Squibb; Coconut Allergen-Squibb; Cottonseed Allergen-Squibb; Duck Allergen-Squibb; Fig Allergen-Squibb; Flaxseed Allergen-Squibb; Ginger Allergen-Squibb; Goat Allergen-Squibb; Guinea-Hen Allergen-Squibb; Hay (Alfalfa) Allergen-Squibb; Huckleberry Allergen-Squibb; Lemon Allergen-Squibb; Olive (ripe) Allergen-Squibb; Paprika Allergen-Squibb; Pineapple Allergen-Squibb; Pheasant Allergen-Squibb; Pumpkin Allergen-Squibb; Rabbit Allergen-Squibb; Scallop Allergen-Squibb; Sea-bass Allergen-Squibb; Smelt Allergen-Squibb; Sole Allergen-Squibb; Tea Allergen-Squibb; Tobacco Allergen-Squibb; Vanilla Allergen-Squibb; Whiting Allergen-Squibb; Yeast Allergen-Squibb.

**Pollen Extracts-Arlco.**—In addition to the products described in New and Non-official Remedies, 1923, p. 237, the following have been accepted: Arizona Ash Pollen Extract-Arlco; Arizona Cottonwood Pollen Extract-Arlco; Arizona Walnut Pollen Extract-Arlco; Bermuda Grass Pollen Extract-Arlco; Burr Ragweed Pollen Extract-Arlco; Burroweed Pollen Extract-Arlco; California Mugwort Pollen Extract-Arlco; Carelessweed Pollen Extract-Arlco; Carpet Sage Pollen Extract-Arlco; Greasewood Pollen Extract-Arlco; Hill Sage Pollen Extract-Arlco; Johnson Grass Pollen Extract-Arlco; Mexican Tea Pollen Extract-Arlco; Mountain Cedar Pollen Extract-Arlco; Orach Pollen Extract-Arlco; Pigweed Pollen Extract-Arlco; Prairie Ragweed Pollen Extract-Arlco; Russian Thistle Pollen Extract-Arlco; Sage Brush Pollen Extract-Arlco; Sea Blite Pollen Extract-Arlco; Shad Scale Pollen Extract-Arlco; Western Ragweed Pollen Extract-Arlco; Wild Sunflower Pollen Extract-Arlco.

Pollen Extracts-Arlco are marketed in sets of five vials representing graduated concentrations; also in concentrated solution in capillary tubes for diagnostic test. Arlington Chemical Co., New York. (Jour. A. M. A., July 28, 1923, p. 299.)

#### PROPAGANDA FOR REFORM

**Toxicity of Carbon Tetrachlorid.**—Experiments on dogs demonstrated that large doses of carbon tetrachlorid produced degenerative changes in the liver and kidney of these animals. In view of these findings and the experience of Lambert, it would appear advisable that the dose of carbon tetrachlorid be reduced in routine treatments. (Jour. A. M. A., July 7, 1923, p. 47.)

**The Dreyer Tuberculosis Vaccine.**—Newspapers have carried extended notices of the Dreyer so-called "defatted" tuberculosis vaccine. The experiments of Professor Dreyer of the Department of Pathol-

ogy of Oxford University depend on the production of an antigen preparation from tubercle bacilli which are previously deprived of their waxy envelop by treatment with a formaldehyde solution. Animal experiments and some clinical trials have been reported which give ground for the hope that the new antigen may prove of value. Professor Dreyer's work does not offer sufficient evidence to warrant the conclusion as yet that any marked improvement has been made in the treatment of tuberculosis. (Jour. A. M. A., July 14, 1923, p. 138.)

**Another Electronic Diagnosis and Treatment.**—A report on the case of Mr. D., who was treated for carcinoma by C. E. Phelps, M. D., an Abrams disciple of Hartley, Iowa, is of interest because it represents, undoubtedly, what is duplicated in hundreds, if not thousands, of cases in various parts of the country. The clinical report is by E. E. Munger of Spencer, Iowa, and the pathological report was made by E. R. LeCount of Chicago. Briefly, it is the story of a man in his seventies suffering from inoperable carcinoma of the stomach with implanted metastasis on various other abdominal organs. Munger diagnosed the condition when the patient first came to him. The diagnosis was verified at the Mayo Clinic. Then the man began taking the "Abrams Treatment." He was led to believe that he was being rapidly cured, and was finally told that "everything had cleared up except a trace of colicsepsis." A month later he died. (Jour. A. M. A., July 28, 1923, p. 317.)

**Ethyl Chlorid as a General Anesthetic.**—The published mortality rate from ethyl chlorid anesthesia varies from 1 in 15,000, which is also the mortality rate of ether anesthesia, to about 1 in 6000. From these statistics, therefore, one might judge that ethyl chlorid stands between ether and chloroform; but it is probably closer to the latter, which gives a mortality of about 1 in 3500. Ethyl chlorid, however, is used for minor anesthesia, and it is unfair to compare it with the major anesthetics for prolonged operations. The fair comparison for ethyl chlorid is with nitrous oxid, the accepted mortality rate from which is about one death in 1,000,000 anesthetics. Hence, whether for induction of anesthesia or for minor anesthesia, ethyl chlorid is somewhere between 200 and 66 times more dangerous than nitrous oxid. It is, on the other hand, somewhat safer than chloroform. The essential danger from ethyl chlorid lies in the suddenness of the death, which may occur within half a minute from the beginning of the inhalation. The danger signs are such as may be overlooked by any but the most experienced anesthetist. (Jour. A. M. A., July 28, 1923, p. 320.)

**Malpractice Litigation.**—On July 20, 1923, J. B. Morris and James Anderson of Petaluma were acquitted of the charge of performing an illegal operation resulting in the death of a patient. Acquittal was the unanimous verdict of the jury, consisting of six men and six women.

On July 21 a jury acquitted Louis L. Jacobs of San Diego of a charge of murder.

These notices are from the many culled from the public press, which go to emphasize the increasing hazards of the practice of medicine. All of these men have been legally vindicated, and no doubt justly so. But what about the expense of long-drawn-out trials, and what about the injuries to reputations that can never be entirely overcome?

What is the answer to this ever-increasing problem? Obviously, every physician, for his own sake and that of those dependent upon him, should protect himself against financial loss by insurance. But what about the injury to professional reputation, which is the most precious and valuable asset to the physician? How can that best be protected?

The editor of the Journal welcomes comment from physicians and others, and will be glad to prepare a more elaborate discussion of the subject from suggestions sent in.

## BOOKS RECEIVED

**Heart Records, Their Interpretation and Preparation.** By S. Calvin Smith, M. D., author of "Heart Affections, Their Recognition and Treatment," Philadelphia. 126 original illustrations. Philadelphia: F. A. Davis Co., publishers, 1923.

**Excursions into Surgical Subjects.** By John B. Deaver, M. D., emeritus professor of surgery, University of Pennsylvania; surgeon-in-chief, Lankenau Hospital, Philadelphia; and Stanley P. Rieman, M. D., assistant professor of experimental pathology, University of Pathology, University of Pennsylvania; chief of the department of pathology and bacteriology, Lankenau Hospital, Philadelphia. Octavo volume of 188 pages and 30 illustrations. Philadelphia and London: W. B. Saunders Co., 1923. Cloth, \$4.50 net.

**Papers from the Mayo Foundation for Medical Education and Research and the Graduate School of Medicine of the University of Minnesota,** covering the period of 1920-1922. Octavo volume of 716 pages, with 257 illustrations. Philadelphia and London: W. B. Saunders Co., 1923. Cloth, \$10 net.

**The Mortality Experience of Industrial Policyholders, 1916-1920,** a contribution to the Public Health Movement in America by the Colonial Life Insurance Co. of America, John Hancock Mutual Life Insurance Co., Life Insurance Co. of Virginia, Metropolitan Life Insurance Co., Prudential Insurance Co., New York, 1923.

**Physiotherapy Technic, a Manual of Applied Physics.** By C. M. Sampson, M. D., formerly of the Physiotherapy Service; Walter Reed, U. S. Army General Hospital, Washington, D. C.; and of various U. S. Army General Hospitals, U. S. Public Service Hospitals, etc. 85 illustrations. St. Louis: C. V. Mosby Co., 1923.

**Infection and Resistance,** an exposition of the biological phenomena underlying the occurrence of infection and the recovery of the animal body from infectious disease, with a consideration of the principles underlying specific diagnosis and therapeutic measures. By Hans Zinsser, M. D., professor of bacteriology and immunity, Medical School, Harvard University, formerly professor of bacteriology and immunity, Stanford University, California. Third edition. New York: The MacMillan Co., 1923.

**1922 Collected Papers of the Mayo Clinic, Rochester, Minn.** Octavo of 1394 pages, 488 illustrations. Philadelphia and London: W. B. Saunders Co., 1923. Cloth, \$13 net.

**Practical Dietetics, with reference to diet in health and disease.** By Alida Frances Pattee, former instructor in dietetics, Bellevue Training School for Nurses, New York, etc. Fourteenth edition, completely revised. Teacher's Dietetic Guide accompanies the above work. A. F. Pattee, publisher, Mount Vernon, New York, 1923.

**Manual of Ship Sanitation and First Aid for Merchant Seamen.** Second edition, prepared under the direction of Rev. Archibald R. Mansfield, D. D., superintendent, Seamen's Church Institute of New York, in co-operation with the U. S. Public Health Service, Washington. By Robert W. Hart, past assistant surgeon. Second edition, illustrated. Published by Seamen's Church Institute of New York.

**Cures, the Story of the Cures That Fail.** By

James J. Walsh, M. D., professor of physiological psychology, Cathedral College of the Sacred Heart, New York; extension professor, Fordham University; lecturer in psychology, Marywood College, Scranton, Pennsylvania. D. Appleton & Co., New York and London, 1923.

## BOOK REVIEWS

**Principles and Practice of Infant Feeding.** By Julius H. Hess, M. D. Third edition, revised and enlarged. 496 pages. Illustrated. Philadelphia: F. A. Davis Co. 1922.

In reading the third edition of Julius Hess' book on the Principles and Practice of Infant Feeding, one is particularly impressed with the up-to-dateness of the book. There have been such great studies in biochemistry and physiology in the last decade that the average practitioner reads any modern book with fear and trembling, knowing perhaps that much will be beyond him, although to the writer, who has kept pace with these ideas, the book might appear very simple.

The author has admirably simplified the best and the most practical in modern theory and has made it applicable in a subject which for the most part has been guesswork to the general practitioner up to the present time. He has made infant feeding real and tangible, with a reason behind it. The questions and problems which are too simple and small to the general practitioner or the young doctor, but which are great milestones in the young mother's life, are answered well and the reasons for them made clear. Apropos of this thought, the subject of maternal nursing is excellently portrayed and many of the time-honored traditions beautifully exploded.

From a scientific standpoint, the chapters on Athrepsia, Anhydremia, Spasmophilia, Rickets, and Acidosis are admirably written. The author dwells on the best in modern thought and applies it simply and in a most practical way to the practice of pediatrics.

Although there are isolated points and statements in the book to which we might take exception, on the whole the book is well written and the statements are correct; but the important point is that baby feeding is made practical, scientific, and easy.

M. M.

**Premature and Congenitally Diseased Infants** (By Julius H. Hess, M. D. 397 pages. Illustrated with 189 engravings. Philadelphia and New York: Lea and Febiger. 1922. Price \$5.50.)

The appearance of this publication is very timely as it comes at a period in which the profession at large is making every effort to reduce infant mortality and to raise the general standard of the new born. It is hard to point out which of the chapters is of special interest because all the book is good, concise, well organized, splendidly illustrated and offered in a readable English. It is by no means only a book for the specialist and is recommended as a reference book to every physician who comes in contact with obstetrics and pediatrics.

The chapter on "Wet Nursing" is very interesting and can be considered a standard. I also point out the chapter on incubators and methods of improvising incubators. It offers many new suggestions that will be of great help to all physicians, especially those who often have to rely upon makeshift methods of treatment.

The book is well indexed so that it can be used for quick reference. Methods and many afflictions are illustrated in such a way that an excellent clinical visual picture is created.

The book deserves the best of recommendations.

L. A. E.



## THE PROBLEM OF PERSONAL MEDICAL ADVERTISEMENT

*It seems to be difficult or impossible for some persons to distinguish the difference between imparting useful information concerning health matters to the public, and advertising their own particular abilities. In the practice of medicine, which from its very essence must forever be impregnated with humanitarianism, self-exploitation can find no justification if one has due regard for the imperfections of medical science and for the ability of others. There is no man, no group of men, so possessed of medical knowledge that they should be blinded to a realization of their own insufficiency.*

Advertising seems to be one of the most popular occupations of a constantly increasing percentage of the medical profession today. It may be of interest to physicians to be brought face to face with an iniquity which, unchecked, is certain to bring disgrace to the profession. "To advertise" is practically defined in the dictionary "to consist in publishing in a newspaper or in some similar way statements generally designed to promote the financial or other interests of the person concerned." It is perfectly evident from this definition that the motive which underlies advertising is one of selfish acquisitiveness, and that it is not based on the desire to impart information.

The extent to which individual members as well as groups of members of the profession under various high-sounding titles are soliciting patients by methods of advertising which are flagrant violations of the principles of ethics as well as of ordinary decency is growing at an alarming speed. Scarcely a day passes that some new form of advertising is not brought to the attention of the Judicial Council of the American Medical Association, and during the last six months an extraordinary number of matters of this kind have been presented to the council. Some of these advertisements are camouflaged under the guise of bulletins or announcements, the bulletin of the \_\_\_\_\_ group or the \_\_\_\_\_ clinic; others are just plain out and out advertisements in the newspapers. Some of the bulletins which are issued periodically are distributed quite freely throughout the territory supposed to be tributary to the particular group. They often contain two or three pages of short clippings from medical journals to give them the appearance of having been sent out for the purpose of distributing useful knowledge; then follows the little ad., such as:

Dr. So and So, of our group, has just returned from a visit to such a center, or clinic, and has brought with him some wonderful knowledge, or method, or device, which will enable this group to do something which no one else in that vicinity is prepared to do.

Or there may be reported in brief a case, somewhat as follows:

Case 41144.—Mrs. Blank suffered many years; consulted several physicians in the neighborhood without relief; referred to our "academy" or "clinic." An examination by our group of experts resulted in a correct diagnosis being made for the first time, and the patient was cured, etc.

In detailing these examinations, many tests are frequently mentioned for the purpose of impressing the readers with the great knowledge and thoroughness of the group examinations, it being immaterial whether all of the tests mentioned were necessary to the making of a correct diagnosis or not.

Another method of advertising is to publish in the newspaper an extensive write-up of the group or clinic, containing an elaborate description of the offices, of the wonderful paraphernalia and equipment, and last, but by no means least, a complete and unexpurgated pedigree of each and all of the

members of the group, with their pictures. The character of these write-ups is such as to make it perfectly evident that they must have been written by the physicians themselves.

I should like to present a few excerpts from some of these advertisements which have been received recently.

Dr. A has had the most extensive and thorough medical training of any doctor in \_\_\_\_\_.

Dr. B is the premier surgeon of this community. \_\_\_\_\_'s position as a surgical center of this territory is due largely to his successful practice of surgery.

More than 1000 residents of \_\_\_\_\_ were assisted into the world by Dr. C. In the course of so extensive obstetrical practice it necessarily follows that he has encountered almost every kind of difficult labor, and his results have demonstrated his ability to cope with these emergencies as they arise.

Training that comes of the examination of more than 10,000 patients is brought to the \_\_\_\_\_ clinic by Dr. D, the clinic roentgenologist.

Dr. E has had the most extensive and varied medical practice of any doctor in \_\_\_\_\_.

Dr. F is the Nestor of the medical profession of the city of \_\_\_\_\_. The extent of his practice is indicated by the fact that his prescription number on \_\_\_\_\_ date of the current year was 126,959. In the course of his many years of practice there is hardly a disease or ailment flesh is heir to that the doctor has not been called upon to treat.

I am sorry that time does not permit me to quote more of these interesting and instructive excerpts. These are all taken from newspaper ads of the pedigrees of these group doctors, each one being accompanied by a picture of the doctor. I am sure you will agree with me that none of these doctors is liable to fall dead of modesty. I will quote a few more excerpts from a newspaper advertisement of a recent group in another city:

"The general practitioner must depend upon his reputation for skill and his personality to draw patronage to his office." This particular group is to do away with this old fogey idea, as it is evidently going to depend on advertising to get its patients. It is certainly amazing and something novel in the history of medicine for medical men to deplore the fact that the physician should be obliged to secure his patients by reason of his professional skill and pleasing personality.

Has it come to pass in the practice of medicine that knowledge and skill and ability and personality are to be rated below printers' ink and audacity in advertising? Are we to return to the days of the blatant quack extolling his own wonderful virtues in printed prose and hawking them from the street corners? Have we arrived at a time when physician's ability and skill are to be gauged by the number of his last prescription?

Another quotation—and this is a sub headline in a newspaper—"Eliminates competition." "It has been said that the profession of medicine is highly competitive, especially in the smaller cities, each physician being a competitor of every other physician." This clinic states it is going to do away with competition because every doctor in the group is to share in the profits of the business. Do the physicians of this group think for a minute that group practice is going to do away with competition? Does the group imagine that it is going to secure all of the medical business of that community? How absurd. We already have the disgraceful spectacle of two groups in the same town, each advertising its superiority over the other. How long can physicians making use of such tactics hope to retain the respect and confidence of the people?

Just a few more excerpts: "The physicians of the clinic are 'physicians first,' devoting their entire time to caring for patients, while an entirely separate department looks after all matters of a business nature, such as the settling of accounts. . .

... The troublesome relationship concerning payment of fees and bills is largely eliminated, as the physician is concerned only with the patient's sickness. The business manager must look after all else." What has become of the humanitarian spirit in the practice of medicine, the cherished inheritance of the ages, when physicians announce in the daily press that hereafter they will be so occupied in caring for the physical welfare of their patients that they have turned over to a business agent all business matters, such as all charges, fees and bills, and then incidentally mention in the same announcement that patients will please see the business manager before making an appointment with the doctor? This is prostituting an altruistic profession to plain, outright commercialism. What a mockery are the principles of ethics when physicians pledged to support and follow them deliberately and openly trample them in the dirt. If the medical profession is to save itself from everlasting disgrace, something will have to be done to prevent its degenerating into vulgar commercialism by way of newspaper advertising and similar methods.—M. L. Harris, M. D., in Journal A. M. A.

### MEDICAL ECONOMICS

*Why not let our advertisers help you?*

**St. Luke's Thyroid Commission**—St. Luke's Hospital announces the formation of a thyroid commission, composed of an internist, a metabolist, a surgeon, and a roentgenologist. The commission is thoroughly equipped for the intensive study of patients suffering with thyroid dyscrasias. After correlation of its clinical and laboratory findings, the commission's function will be to suggest in detail an individual course of therapy to be followed out under the direction of the referring physician or to personally undertake, with frequent metabolic controls, such a course on behalf of the referring physician. While clearly recognizing the surgical indications in thyroid conditions, it will be the policy of the commission to regard surgical intervention as, in general, to be resorted to only after medical and radio-therapeutic measures have, in toxic cases, failed to control the toxemia. Correspondence from physicians is solicited. Communications should be addressed to the secretary of the Thyroid Commission, St. Luke's Hospital, San Francisco.

**Home-School for Children in the Country**—Physicians with children under their care who would be benefited by living in the country in a real home, where they can be in the open air day and night and have home cooking adapted to their particular needs, will be interested in the advertisement of "Quiet Hills," in the classified section of this issue of the Journal. In addition to being a real home, school work is carried on under competent teachers. The owner is known to many of the physicians in Santa Clara County, whom she offers as reference. The school is located in the hills near Los Gatos; telephone 386R.

**New Locations of R. L. Scherer & Co.**—This firm, dealing in hospital equipment, supplies, surgical instruments and furniture, announces in this issue of the Journal new locations, at 679 Sutter street, San Francisco, and 736 South Flower street, Los Angeles, with enlarged service departments, improved delivery and shipping facilities, enabling them the better to carry out their slogan, "Scherer for Service."

The Journal feels particularly fortunate in being able to carry the advertising of this and other houses on whom our members may rely when needing surgical supplies, such as Reid Bros., San Francisco, with their own factory; Bischoff Surgical House,

San Francisco and Oakland; Richter & Druhe, San Francisco; Travers Surgical Co., San Francisco; Keniston & Root, Sacramento and Los Angeles; Walters Surgical Co., San Francisco. Consult them before buying.

**Surgical and Orthopedic Appliances**—Firms dealing in surgical and orthopedic appliances, surgical corsets, trusses, abdominal supporters, elastic hosiery, etc., who are helping to support your State Journal, are: C. H. Hittenberger Co., San Francisco; Frank F. Wedekind, San Francisco; A. Berbert & Bro., San Francisco; Auger Artificial Limb Co., San Francisco; E. H. Markel & Co., San Francisco; Dickson-Bull Artificial Limbs, Oakland; M. J. Benjamin, Los Angeles. They deserve and merit your patronage.

### NEW MEMBERS

Los Angeles—Annis, A. J.; Berman, Phoebus; Garland, James A.; Kersten, Hugo M.; Allen, Joseph R.; Furusawa, Takashi; Goodwin, Joshua; Huston, James M.; Rhodes, Frederick A.; Smith, Frank E.

Long Beach—Walker, Wade H.; Boyd, Truman O.

Hermosa Beach—Schmid, C. F.

Ahwahnee—Seward, Lee S.

Burlingame—Hanner, John W.; Callaway, William Otis.

San Jose—Porter, Edwin E.; Draper, David.

### TRANSFERRED

Blood, John N., Tulare County to San Mateo County.

Clattenburg, H. A., Sacramento County to San Mateo County.

### DEATHS

Brooks, Stephen D. Died at Los Angeles, July 4, 1923, age 69. Graduate of the Medical School of Harvard University, 1882. Licensed in California in 1918. He was formerly a member of the Los Angeles County Medical Society, the California Medical Association, and the American Medical Association.

Duncan, Arthur McDowell. Died at Glendale, July 10, 1923, age 73. Graduate of Bellevue Hospital Medical College, New York, 1878, and spent some time in post-graduate work in Chicago, New York, and the hospitals of London and Edinburgh. He was licensed in California in 1904 and practiced in Los Angeles and Glendale to the time of his death. Duncan was a member of the Los Angeles County Medical Society, the California Medical Association, and the American Medical Association.

Peck, John William. Died at Berkeley in July, age 51. He was a graduate of the University of California Medical School, 1905. Peck was a member of the Alameda County Medical Society, the California Medical Association, and the American Medical Association.

Sherry, Henry. Died at Pasadena, July 14, 1923, age 69. Graduate of the Chicago Homeopathic Medical College in 1880. Licensed in California in 1895. He was a member of the Los Angeles County Medical Society, the California Medical Association, and the American Medical Association.